DOCUMENT RESUME

ED 331 596 PS 019 345

AUTHOR	Gordon, Anne; Burghardt, John
TITLE	The Minority Female Single Parent Demonstration: Short-Term Economic Impacts. A Technical Research Report. Into the Working World Series. Lessons from Research.
INSTITUTION	Mathematica Policy Research, Inc., Plainsboro, NJ.
SPONS AGENCY	Rockefeller Foundation, New York, N.Y.
PUB DATE	Mar 90
NOTE	293p.; For a related report, see PS 019 346.
PUB TYPE	Reports - Evaluative/Feasibility (142)
EDRS PRICE	MF01/PC12 Plus Postage.
DESCRIPTORS	Comparative Analysis; Day Care; *Demonstration Programs; Early Childhood Education; Economic Factors; Employment Experience; *Job Training; *Minority Groups; *Mothers; *One Parent Family; Outcomes of Education; Program Effectiveness

ABSTRACT

From 1982 through August, 1988, the Rockefeller Foundation provided funding to selected community-based organizations to operate employment-training programs for minority single mothers. Four projects--in Atlanta, Georgia; San Jose, California; Providence, Rhode Island; and Washington, D.C.--enrolled women in the Minority Female Single Parent (MFSP) demonstration project from late 1982 through 1987. The projects offered participants an array of education, job training, and support services to help them achieve stable employment in jobs that paid adequate wages. The Rockefeller Foundation contracted with Mathematica Policy Research, Inc. (MPR) to conduct a comprehensive evaluation of the programs implemented by these demonstration projects. This report presents an analysis of the economic impacts of the projects during the year after the women applied to the program. Following an executive summary, Chapter 1 describes the MFSP demonstration and evaluation, delineates the current policy environment, and describes the program models and service approaches. Chapter 2 reports data sources and sample characteristics, while Chapter 3 describes the employment-training experience of the treatment and control groups. Chapters 4 and 5 report the short-term impacts of the MFSP demonstration on key economic outcomes and supplementary analyses of labor-market experience and training outcomes. Along with information on child care assistance, Chapter 6 provides a summary and interpretation of the short-term impact findings. Extensive appendices provide related information, such as characteristics of program participants, methodological details, and supplementary results. Citations number 28. (RH)

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The Minority Female Single Parent Demonstration:

Short–Term Economic Impacts

Anne Gordon
John Burghardt
Mathematica Policy Research, Inc.

A Technical Research Report. *From 1982 to 1988, the Rockefeller Foundation provided funding for selected community-based organizations to operate employment-training programs for minority female single parents. This report presents an analysis of the economic impacts of the MFSP programs on participating mothers and their families during the first 12 months after they applied to the demonstration.*

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The *Into the Working World* series provides reports on Rockefeller Foundation projects undertaken to identify practical routes to move families out of poverty and toward full participation in American life. Reports in the series present the findings from and the implications of the Foundation's Minority Female Single Parent demonstration. Phoebe H. Cottingham, Associate Director of the Equal Opportunity Program at the Foundation, is the project director.

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Equal Opportunity Program
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New York, New York 10036

Into the Working World
Lessons from research funded by the Rockefeller Foundation

The Minority Female Single Parent Demonstration: Short–Term Economic Impacts

A Technical Research Report

Anne Gordon
John Burghardt

Prepared by
Mathematica Policy Research, Inc.,
under contract to
The Rockefeller Foundation

March 1990

The Rockefeller Foundation New York

The Rockefeller Foundation, New York
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The Rockefeller Foundation funded the research on which this publication is based. The analyses and conclusions are those of the authors and have not been verified or endorsed by the Foundation, its trustees, officers, or staff or by Mathematica Policy Research, Inc. The sole and entire responsibility for the content of the publication rests with the named authors.

Library of Congress Cataloging-in-Publication Data
Gordon, Anne, 1959-
The minority female single parent demonstration: short-term economic impacts : a technical research report / Anne Gordon, John Burghardt.
p. cm. -- (Into the working world)
"Prepared by Mathematica Policy Research, Inc., under contract to the Rockefeller Foundation."
"March 1990."
Includes bibliographical references.
1. Single mothers--Employment--United States. 2. Single mothers--Services for--United States. 3. Unmarried mothers--Employment--United States. 4. Unmarried mothers--Services for--United States.
I. Burghardt, John A. II. Mathematica Policy Research, Inc. III. Title. IV. Series.
HD6095.G67 1990 90-8864
331.4'4'08693-dc20 CIP

Designed and produced by Lichtenstein Marketing Communications.

This report is one product of a large demonstration and research effort which has been ongoing for several years. Many individuals at the participating community-based organizations, the Rockefeller Foundation, and Mathematica Policy Research, Inc. (MPR) have made important contributions to the research.

We would like to express our appreciation to the MFSP project directors during the later phases of the demonstration and to members of their staff: Edna Crenshaw at the Atlanta Urban League in Atlanta, Georgia; Carmen Placido and Carmen Ponce at the Center for Employment Training in San Jose, California; Kathy May at the Opportunities Industrialization Center in Providence, Rhode Island; and Barbara Makris at Wider Opportunities for Women in Washington, D.C.

The project has benefited greatly from the guidance of Phoebe Cottingham, the project officer at the Rockefeller Foundation, and from the expertise of Rob Hollister and Aida Rodriguez. The Rockefeller Foundation convened a review panel that provided insightful comments on the draft report, including those of Richard Berk, Gary Burtless, and Shelley Lundberg.

Finally, the report reflects the fine work of many individuals at MPR. Anne Ciemnecki and Patti Rossi directed the data collection. Amy Zambrowski was responsible for constructing the analysis files and preparing the tabulations, with help along the way from Dan Buckley, Jonathan Siegel, and Jun Xu. Stuart Kerachsky and Alan Hershey have provided a careful, critical review of the several drafts of the report. Finally, Thomas Good edited the manuscript, and Monica Capizzi, Denise Dunn, Gina Koo, and Debra Jones produced it.

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Executive summary

From 1982 through August 1988, the Rockefeller Foundation provided funding to selected community-based organizations (CBOs) to operate employment-training programs for minority single mothers. Four projects—in Atlanta, Georgia; San Jose, California; Providence, Rhode Island; and Washington, D.C.—enrolled women into the Minority Female Single Parent (MFSP) demonstration from late 1982 through 1987. The projects offered participants an array of education, job training, and support services to help them achieve stable employment in jobs that paid adequate wages. The Rockefeller Foundation contracted with Mathematica Policy Research, Inc. (MPR) to conduct a comprehensive evaluation of the programs implemented by these demonstration projects.

This report presents an analysis of the economic impacts of the projects during the year after the women applied to the program. The findings from the evaluation of the MFSP demonstration are particularly timely now, as the Job Opportunities and Basic Skills (JOBS) Program provisions of the Family Support Act are being implemented in state and local areas around the country. As in the new JOBS program—

- *The MFSP demonstration intervention focused on the remediation of basic educational skill deficiencies as a primary barrier to economic self-sufficiency.*
- *MFSP program services were extensive, and little is known about the effectiveness of extensive job-training services for this population.*
- *Many MFSP program participants were women with young children, a group not studied in previous evaluations of job-training programs but whose service needs are highlighted in the Family Support Act.*

The job-training approaches tested in the demonstration

The Rockefeller Foundation specified both the objective of the intervention—to provide services that would enable participants to secure employment above the minimum wage—and the target group for the demonstration—single mothers who were members of minority ethnic groups. It also provided funding that was to be matched by funds from other sources. However, the Foundation did not specify that the CBOs use a particular job-training approach, preferring instead to let each CBO decide how best to meet the objective specified by the Foundation. Accordingly, many factors shaped the individual MFSP demonstration projects: the organizational strengths and experience of the CBOs, their views about the most effective training approaches, and constraints on the funding and other community resources on which they relied to assemble a package of services.

The training programs thus diverged in several respects, but most importantly in their relative emphasis on two general models of employment training: (1) "occupational skill training," with instruction and practice in the skills required for specific jobs; and (2) "general employability training," to enhance general preparedness for further training or employment by upgrading basic educational skills, motivation, decision-making, and job-market orientation.

The four CBOs emphasized these two models to varying degrees, although some elements of both could be found in all of the programs:

- *The project at the Center for Employment Training (CET) in San Jose emphasized very practical occupational skill training that was geared specifically to the demands of particular jobs in the local market, supplemented by instruction to enhance basic educational skills. A key feature of the CET approach was that all participants received job skill training; no minimum educational skill requirements were imposed as a condition for entering the job-training component of the program.*
- *The projects at the Atlanta Urban League (AUL) in Atlanta and the Opportunities Industrialization Center of Rhode Island (OIC) in Providence placed priority on classroom courses to help participants meet academic standards that were perceived to be critical to successful skill training or employment. Both programs also secured job-specific training slots for women who had attained academic competency.*
- *Wider Opportunities for Women (WOW) in Washington, D.C., which emphasized the general employability model, focused on improving the readiness of clients to work or to engage in further training. WOW courses were designed to improve reading, writing, mathematics, and personal communication skills, as well as motivation and discipline, through a range of classroom activities. It did not teach the job skills of specific occupations or stress that participants attempt to attain specific academic standards. The WOW program did have an occupational focus; in one of its two courses, staff taught basic concepts in electricity, mechanics, and tools—technical concepts viewed as necessary for further training or employment in a broad occupational area not traditionally open to women.*

All of the projects helped trainees arrange and pay for child care, provided counseling, provided guidance to participants in managing day-to-day problems, and helped trainees find jobs after training.

The strengths and limitations of the evaluation

The evaluation design called for the application of random assignment procedures to identify a group whose experiences could serve as a benchmark for measuring the impacts of the demonstration. All single mothers who were members of an ethnic minority group and who applied for training at the participating CBOs between

November 1984 and December 1987 were randomly selected for the treatment group or the control group. Members of the treatment group could enroll in training at the CBO; members of the control group could not enroll in training at the CBO for a period of 30 months (but could of course seek training services elsewhere in the community).

The analysis presented in this report is based on interviews administered to members of the treatment and control groups at program application and at 12 months after program application. (Interviews are now being conducted at 30 months after application and are planned for 60 months.[1]) The impact estimates are calculated as the regression-adjusted difference between the average value of an outcome variable for members of the treatment group and the average value of the same outcome variable for the control group.

Applying our findings appropriately to developing training programs under the Family Support Act requires that some limitations of the findings be clearly recognized. First, the currently available data cover just 12 months, which is a relatively short follow-up period, and many participants were still in training at the end of that period. Consequently, conclusions about the net impacts of the various programs must be tentative.

Second, the MFSP projects were not connected with the local agencies responsible for administering the Aid to Families with Dependent Children (AFDC) program, and all single mothers who participated in the MFSP projects did so voluntarily. Participation in the JOBS program is to be required of many AFDC recipients as a condition for receiving their AFDC benefit. A mandatory employment-training requirement establishes different conditions for participation, which may influence the characteristics of persons who participate and the size of program impacts.

Third, the demonstration was implemented in just four organizations in four communities. Accordingly, the findings contribute to a growing body of experience and evidence on strategies for helping poor single mothers move from welfare to work, but they should not by themselves form the basis for strong general conclusions about the effectiveness of employment training for poor single mothers.

Findings on the training-program experience of treatment and control group members

Key data on training program experiences are presented in Table 1. The research questions and our findings on each question are described in this section.

---

[1] Subsequent reports will present analyses of economic impacts at 30 and 60 months, a benefit-cost analysis, and an analysis of a broad range of noneconomic outcome measures. A process study of the MFSP programs (Hershey, 1988) and a cost study (Handwerger and Thornton, 1988) are also available.

Table 1 Summary of program participation

	AUL		CET	
	Control	Treatment	Control	Treatment
All Sample Members				
Percent Participating in a Program	35.6	81.3	31.3	86.9
Percent Receiving Education or Job Training	32.3	76.2	30.7	84.6
Percent Receiving Job Training	29.4	52.7	22.6	81.6
Number of Sample Members	303	425	345	467
Program Participants				
Percent Receiving Selected Types of Services[a]				
Basic skills instruction	52.8	81.5	52.8	55.2
GED preparation	15.7	31.0	21.3	33.9
English as a second language	5.6	10.5	29.6	30.3
Training in specific job skill	79.6	63.5	71.3	94.3
Help finding a job (JSA)	40.7	33.1	25.9	42.1
Counseling	38.9	76.5	46.3	48.1
Child care	28.7	45.6	30.6	45.5
Median Months of Program Participation	7	6	7	7
Number of Participants	108	345	108	403

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: The upper panel shows percentages for all sample members in each group. The lower panel shows percentages and medians only for the members of each group who participated in a training program.

[a] Each service received by participants is recorded. Percentages may thus sum to over 100 percent.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
32.7	85.2	32.7	78.6	33.0	82.4
29.1	79.8	29.6	76.0	30.4	78.8
22.5	44.7	26.4	52.4	25.6	61.4
165	376	571	701	1,384	1,969
49.1	77.0	48.9	86.2	50.8	81.3
22.2	37.4	22.5	30.1	20.6	32.7
24.5	19.0	5.9	12.6	13.6	17.8
67.9	52.5	78.2	70.1	75.7	71.2
39.6	33.9	42.6	50.5	37.9	41.4
54.7	69.8	43.6	79.1	44.4	69.0
28.3	64.5	23.0	37.5	26.8	46.6
8	7	7	5	7	6
54	318	188	551	458	1,617

Did the MFSP demonstration constitute a meaningful "intervention?" What were the training experiences of treatment and control group members?

The MFSP demonstration was a meaningful intervention. Relative to control group members, treatment group members were—

- *More likely to receive services, although a significant proportion of control group members went elsewhere to obtain services when they were unable to enter the MFSP program (over 80 percent of the treatment group and 33 percent of the control group received employment-training services)*
- *More likely to receive each one of several different categories of service*

While variations across the sites were evident, these same patterns existed at all of the sites (see the top section of Table 1).

Did MFSP program participants receive a different mix of services—education, skill training, job-search assistance, counseling, and child care—than were provided to control group members who participated in other programs?

The MFSP demonstration was undertaken to test the effectiveness of employment training which included a broad range of services to help single mothers surmount barriers to employment. Data on services provide evidence about whether the MFSP projects provided a richer mix of services than was available from other agencies in their communities.

When we consider only members of the treatment and control sample who actually participated in an employment-training program, MFSP program participants were—

- *More likely than control group members who received services elsewhere to receive most of the varied services (basic skills instruction, General Equivalency Diploma [GED] preparation, and English as a second language, as well as counseling and child care assistance)*
- *Less likely to receive training in a specific job skill, except at CET, where nearly all treatment group members received specific job skill training*

The observed differences in service mix could be due to the different needs of the individuals in the two groups who actually received services, as well as to differences in the services offered by the demonstration and alternative programs. However, the observed characteristics of persons in the treatment and control groups who received program services are quite similar (see below). Thus, the available evidence indicates that the MFSP programs offered a broader range of services than were available in other programs. However, all of the MFSP projects except CET placed somewhat less emphasis on training for a specific job skill and more emphasis on the remediation of weak basic skills.

How long did MFSP program participants engage in education and training activities? Did the duration of participation differ for treatment and control group members?

- *The median number of months of training for treatment group participants at each site was as follows: 5 months at WOW, 6 months at AUL, and 7 months at CET and OIC.*
- *The median number of months of training was approximately 6 for treatment group participants and 7 for control group program participants.*

Did MFSP program participants use the child care assistance that was offered? What patterns of child care utilization ensued?

Depending on the site and the participant, child care assistance could include counseling about child care options, referrals to providers, direct assistance in arranging for care, and/or the payment of a child care subsidy. Overall, just less than half (47 percent) of MFSP program participants reported receiving help with child care. Fewer MFSP program participants in Washington (38 percent) and more in Providence (65 percent) reported receiving help with child care. In comparison, 27 percent of the women in the control group who participated in a program reported receiving help with child care.

We examined the patterns of child care utilization by matching periods in training with periods of child care use. We found that—

- *Just under one-third of program participants did not report using any care during the program (some had only older children; for others, the period of participation was short, and they may not have made regular care arrangements; while others, we suspect, used care but did not report it in the interview).*
- *28 percent used formal care (in a nursery school, group care center, or Head Start).*
- *21 percent used care by relatives.*
- *12 percent used nonrelative care (including family day care).*

These percentages varied by site, but formal care was the most frequently used in-program arrangement at all sites except WOW. At CET, which established a Montessori Child Care Center at its main training location in San Jose specifically to accommodate the needs of single parent trainees, 25 percent of the MFSP program participants reported using the on-site center. (This percentage amounts to 40 percent of those who reported using any child care while in training and to over 70 percent of those who used formal care.)

MFSP program participants used formal care to a much greater extent than did control group members who participated in other programs, evidence which suggests that the child care assistance offered by the programs may have had an impact on the types of arrangements used.

Did the MFSP programs serve women who appeared to face greater barriers to employment than did the women in the control group who received services elsewhere?

We considered the participant's age, the age of her youngest child, educational level, previous work experience, and previous receipt of welfare as indicators of the presence of barriers to employment. On the basis of these characteristics—

- *Women in the treatment group who received services from the MFSP programs did not face greater employment barriers than did women in the control group who received services elsewhere.*

Short-term economic impacts

Key data on short-term economic impacts are presented in Table 2. The research questions and our findings on each question are described in this section.

What are the impacts of the MFSP programs on key economic outcomes during the first year after program enrollment?

Participation in an MFSP training program represented a substantial investment for the women who enrolled. Not surprisingly, the average earnings and employment rates of the treatment group were lower than those of the control group early in the year, because more treatment group members were in training rather than working. (The top section of Table 2 shows data on quarterly earnings by site.) As the year progressed, the gap narrowed at all of the sites. At one site (CET), the average earnings of the treatment group exceeded the earnings of the control group by the third quarter following program enrollment.

Since many sample members were in training during a large part of the year after random assignment (the period for which follow-up data are currently available), most of our analysis focused on the final quarter of that 12-month period (see the bottom section of Table 2). Our findings are as follows:

- *At three of the four sites (AUL, OIC, and WOW), we found no impacts on employment and earnings by the end of the first year after enrollment. At two of these three sites, we also found no impacts on public assistance income. At one site, the program appears to have led to higher welfare benefits at the end of the first year (perhaps because program staff encouraged participants to take advantage of the public assistance that was available to them while they were in training).*
- *In contrast, by the fourth quarter at CET, we found large positive, statistically significant impacts on—*

- *The proportion who were working (an increase of 10 percentage points over the control group mean of 36 percent)*
- *Monthly earnings (an increase of $133 over the control group mean of $283)*
- *Hourly wages (an increase of $.72 per hour over a control group mean of $5.39 per hour)*

  These earnings gains are substantially larger than the gains that have been observed in other employment-training programs for poor single women.

- *Despite the large earnings gains at CET, we found no short-term impact on welfare receipt or benefits, primarily, we believe, because welfare benefits had not yet been adjusted to reflect earnings gains.*
- *At all four sites, between 21 and 32 percent of the treatment group were still engaged in training in the last quarter of the year, compared with approximately 15 percent of the control group at each site (differences that are statistically significant). Indeed, a broader measure of economic activity—the proportion of the sample which was either employed or engaged in training at the end of the first year after random assignment—shows large positive MFSP program impacts.*

In short, large increases in employment and earnings were observed by the fourth quarter after program enrollment at one of the MFSP sites, while no impacts were observed at the other sites. Since a substantial proportion of the sample were still engaged in training after 12 months, it is important to reserve judgment about the impacts of the programs at AUL, OIC, and WOW. Nevertheless, as discussed further below, we believe that the results contain important lessons for the design of training programs which seek to increase the earnings and reduce the welfare dependence of low-income individuals.

Did the MFSP programs affect the quality of jobs held during the year following program entry?

We examined two measures of job quality by comparing treatment and control group members who held jobs: occupation and the receipt of fringe benefits in the most recent job:

- *At CET, evidence beyond the wage gains noted earlier indicates that MFSP program participants obtained better jobs. First, a higher percentage of employed treatment group members worked in secretarial occupations, other administrative support positions, and production jobs, while a lower percentage worked in service jobs (security, food and beverage, sales, and personal services) and as laborers (primarily farmworkers). Second, a higher percentage received key fringe benefits,*

Table 2 Summary of short-term impacts on employment and earnings

		AUL	
	Control	Treatment	Impact
Quarterly Earnings During the Year After Sample Enrollment			
Quarter 1	$503	326	-177***
Quarter 2	$712	573	-139 *
Quarter 3	$812	778	-34
Quarter 4	$840	836	-4
Total Earnings	$2,857	2,514	-343
Selected Outcomes During the Fourth Quarter After Sample Enrollment			
Average monthly employment rate	42.4%	41.7	-0.7
Average monthly earnings	$280	279	-1
Average hourly wage	$4.82	4.95	.13
Average monthly public assistance income	$125	123	-2
Average monthly percentage in training	15.1%	24.2	9.1 ***
Average monthly percentage working or in training			
Number of Observations	303	424	

SOURCE: Baseline and 12-month follow-up interviews with MFSP program applicants.

*/**/*** Indicate that the hypothesis of no impact is rejected at the 90/95/99 percent levels of confidence (that is, that the impact differs statistically from zero).

CET			OIC			WOW		
Control	Treatment	Impact	Control	Treatment	Impact	Control	Treatment	Impact
$390	287	-103 *	$350	189	-161 **	$555	375	-180 ***
$691	637	-54	$510	296	-214 ***	$861	632	-229 ***
$864	991	+127	$599	482	-117	$990	862	-128 *
$849	1,248	+399 ***	$634	659	+25	$1,040	985	-55
$2,803	3,162	+359	$2,112	1,618	-494 *	$3,459	2,844	-615 **
36.1%	46.0	9.9 **	30.4%	30.5	0.1	43.7%	42.8	-0.9
$283	416	133 ***	$211	219	8	$347	328	-18
$5.39	6.11	.72 ***	$5.05	5.29	.24	$5.33	5.44	.11
$306	291	-15	$290	304	14	$160	189	29 ***
14.7%	22.7	8.0 ***	14.8%	31.6	16.8 ***	15.8%	21.4	5.6 ***
345	467		165	376		571	701	

such as health benefits, paid sick leave, and paid vacation (about one-third of the treatment group who worked, compared with about one-quarter or less in the control group).

- *At AUL and WOW, there is no evidence of a shift in occupations. Occupational differences occurred at OIC; however, treatment group members were not uniformly engaged in occupations with better pay and working conditions than those in which control group members were engaged.*
- *At OIC, a higher percentage of treatment group members who worked received fringe benefits than was the case with control group members who worked. At AUL and WOW, there is no evidence that treatment group members received more fringe benefits.*

Did identifiable subgroups of participants at CET derive larger (or smaller) than average gains in employment from program participation?

We examined impacts for six subgroups defined in terms of personal/family characteristics: age, education, age of youngest child, weeks worked in the year prior to enrollment, welfare receipt at the time of enrollment, and the presence of other adults in the household.

- *At CET, we observed large and statistically significant differences in impacts on employment rates for the following subgroups:*

  Women with young children. Impacts were largest for women whose youngest child was younger than age 3 (.19 versus .07 for women whose youngest was between ages 3 and 5, and .03 for women whose youngest was older than age 5).

  Women on welfare. Impacts were largest for those who received welfare at the time of enrollment (.15 versus -.01 for those who had not).

  In addition, impacts were relatively large for women with no recent work experience (.13 versus .07 for those who worked 26 weeks) and relatively small for women older than age 35, although differences between the work experience and age subgroups were not statistically significant.

- *Impacts on subgroups defined in terms of educational level present a mixed pattern. The point estimate of the impact increases with educational level. However, the subgroup differences are not statistically significant. Furthermore, the impact on the probability of employment among the high school dropout group is .09 (and statistically significant). We conclude that the CET program was beneficial for both high school graduates and dropouts.*

In general, the CET results confirm a common finding in evaluations of employment-training programs for disadvantaged persons: participants who face the greatest barriers to employment derive the greatest net benefit from participation.

Significant patterns of subgroup impacts are not evident at the other three sites.

To what extent could the large impacts at CET have been due to factors other than specifically programmatic ones?

The strong findings and distinctive approach to training used at CET may hold important lessons for the design of employment-training programs for welfare-dependent single mothers. (See the following section, Interpretation of the findings.) However, our ability to attribute the large impacts specifically to programmatic differences is limited because factors other than programmatic ones could be responsible. We identified several site-specific nonprogrammatic factors: the high percentage of Hispanic participants, the unique features of the San Jose CET training center (e.g., its large size, exceptionally capable staff, and close proximity and access to corporate management), local labor-market conditions (a relatively high unemployment rate and a high percentage of local employment in the manufacturing sector), and the generosity of the income support system in California. We performed a variety of subgroup analyses to evaluate the effects of these factors on our impact estimates. The CET results do not appear to derive from the site-specific nonprogrammatic factors that we were able to consider.

Did participation in the MFSP program affect GED attainment among enrollees who did not possess a high school credential?

Focusing just on individuals who did not possess a high school credential (high school diploma or GED certificate), we found a substantial impact on GED attainment at the two sites which emphasized remedial education as a prerequisite to skill training and which offered GED instruction—AUL and OIC.

- *At AUL, 15 percent of those in the treatment group without a high school credential reported receiving their GED, and an additional 8 percent were still engaged in GED preparation at the time of the interview. The respective figures for the AUL control group were 3 percent and 4 percent.*
- *At OIC, 18 percent of the treatment group (6 percent of the control group) who did not possess a high school credential earned one, and an additional 12 percent of the treatment group (6 percent of the control group) were still engaged in GED preparation.*

All of these treatment-control differences were statistically significant. Somewhat lower rates of GED completion and participation in GED were observed at CET and WOW, although treatment-control differences were also present and statistically significant at these sites.

Interpretation of the findings

How do the impact findings from the MFSP demonstration compare with the findings from similar employment-training programs?

Previous studies have consistently found that employment-training programs generate modest positive impacts in a wide range of settings. In the state work-

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welfare demonstrations, programs that emphasized a combination of job-search assistance and community work experience tended to generate employment and earnings gains in the range of 10 to 20 percent. Since the intervention consisted primarily of job search and short-term work experience, impacts were observed relatively soon after participants enrolled in the program. Two other work-welfare demonstrations (the Baltimore Options program and the San Diego Saturation Work Initiative Model [SWIM] program) offered education and training in addition to other services. Both of these demonstration programs showed substantial employment and earnings impacts by the end of the first year, which increased somewhat during the second year after enrollment. The evaluations of the Comprehensive Employment and Training Act (CETA) program (the predecessor of the Job Training Partnership Act [JTPA]), which included public service employment in addition to on-the-job training, unpaid work experience, and classroom training, have found impacts on the annual earnings of women ranging from $650 to $1,300, although the available studies do not provide information on the time profile of the impacts.

In light of this previous research, the short-term impacts of the MFSP demonstration programs present an interesting mixture. At one site, impacts are very large; earnings gains are approximately $130 per month, or nearly 50 percent higher than the earnings of the control group, which is much larger than the impacts of the work-welfare demonstrations and at the upper range of the estimates for CETA. Furthermore, the impacts were achieved rapidly, even though the program provided fairly intensive skill training rather than job-search assistance and short-term work experience. At three sites, no employment and earnings impacts are apparent by the end of the first year.

What accounts for the strong results at CET?

We have identified three sets of factors which may have generated the large impacts at CET: programmatic factors, organizational factors, and contextual factors associated with the local setting in which the program operated. We conclude that the impacts are due largely to the attributes of the program and the organization. The following are among the programmatic factors:

- *The training design of the CET program—which emphasized training for all regardless of educational skill levels, offered remedial education within the context of job skill training, and accommodated trainees with diverse levels of educational skills.*
- *The attention devoted by CET to the job placement and "marketing" function of a training organization—that is, ensuring that training is offered in demand occupations, that trainees are well prepared, and that the content of training meets the needs of employers.*
- *An on-site child care center—which was certainly not the sole or a primary cause of the large impacts, but which may have facilitated the participation of women with young children (for whom employment impacts were relatively large).*

The organizational factors include:

- *The dedication of the organization to its primary mission of job training for disadvantaged individuals—which enabled CET to incorporate the MFSP program into its on-going training operation, whereas all of the other CBOs had to establish new or separate programs to meet the special needs of minority single mothers*
- *The relatively large scale of the CET organization and of the main center participating in the demonstration—which facilitated providing training in a range of occupations and gave the organization the financial capacity to acquire equipment*

We believe that the primary reasons for the impacts at CET are related to these programmatic and organizational features. We considered the role of several contextual factors as well: the large proportion of trainees of Hispanic background, the relative importance of the manufacturing sector in the San Jose economy, and the generosity of the California income support system. However, the available evidence indicates that these factors were unlikely to be the primary reasons for the large impacts at CET.

What accounts for the lack of impacts at the other three sites?

We have identified three potential reasons for finding no impact at the other three MFSP sites. Again, we believe that the most likely explanation is associated with the design of the programs. The reasons are as follows:

Impacts may be delayed and may not manifest themselves by the end of the first year after program entry. Significant percentages of the treatment group were still in training at AUL, OIC, and WOW. These may have been the women who required relatively long periods of educational remediation before they could take skill training, a group for whom the program may make more of a difference. Twelve months may not be a sufficient time period for observing impacts for persons who required long periods of training. Other evaluations have also found that employment impacts increased after the first year following random assignment.

We caution, however, that we do not expect that the longer-term follow-up data will show a sharp reversal of the patterns of employment and earnings impacts observed at the end of the first year. As part of our ongoing data collection, we have performed preliminary analyses of 30-month follow-up interviews using the part of the full sample which enrolled early in the evaluation period. Estimated net impacts at 30 months after enrollment are broadly similar to the impacts at 12 months after enrollment. Of course, preliminary analyses with partial samples should not be taken as a basis for firm conclusions, but the available evidence provides no grounds for expecting the emergence of large impacts.

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The programs may have been poorly implemented. The implementation of the MFSP demonstration was stronger at CET than at the other MFSP projects. However, we believe that poor implementation is not the primary reason that no impacts were observed in the other three sites. Large percentages of the treatment group reported receiving services, and those who did so received them for an average of about six months. Furthermore, participants' perceptions of the programs were generally quite favorable. The results of MPR's monitoring activity and process study (Hershey, 1988) also indicate that each of the projects delivered the intended comprehensive set of services.

The training strategies used at AUL, OIC, and WOW may not be effective for this population in a voluntary program. AUL and OIC concentrated on improving basic skills first, and offered job skill training to women whose basic skills were deemed adequate. Many participants never made it to job skill training. At AUL, just over 50 percent of the treatment group received job skill training (compared with nearly 30 percent of the AUL control group); at OIC, 44 percent of the treatment group received job skill training (compared with 23 percent of the OIC control group). The eclectic blend of employability development activities offered at WOW also did not stress job-specific skill training.

If job-specific skill training is key, the relatively large percentage of the control group who received it, and the large percentage of the treatment group who did not, may have diminished the impacts of the demonstration programs at AUL, OIC, and WOW. The very low unemployment rates and ample job opportunities for low-skill workers during the follow-up period may have also diminished the benefits of training, thereby contributing to the finding of no impacts.

In summary, we cannot isolate the contributions of the various factors which might account for the differences between the findings at CET and the other sites. However, differences in the program designs and organization stand out. In particular, CET emphasized job skill training for all participants, with remediation integrated into the training, while the other sites emphasized the acquisition of basic skills before entry into job skill training.

Policy recommendations

We must draw conclusions cautiously on the basis of the short-term impacts of programs tested in four locations. The evidence and considerations outlined above lead us to three specific recommendations for policymakers who are developing programs for improving the economic self-sufficiency of single mothers with young children.

- *Promote broader experimentation with training approaches that (1) offer training for all regardless of the level of educational skills, and (2) incorporate remediation into the job skill training. While the remediation of basic skills should certainly be an option for this target population, it should not be the only avenue to job training.*

- *Promote the existence of organizations dedicated to job training. High-quality job training specifically for this target population requires skilled management, as well as organizations of sufficient size and financial resources to provide training in a variety of occupations and the flexibility to respond to changing labor-market conditions.*
- *Ensure that child care assistance is available to single mothers, and is flexible. When assistance is offered, low-income single mothers are likely to use formal care arrangements in larger proportions than will other members of the community. MFSP treatment group members used more formal care than did the general population, and less care by relatives—because married women use husbands and other relatives to a greater extent.*

In addition, policymakers should not expect quick results from programs which emphasize remedial education as an avenue to self-sufficiency. The experience of the MFSP demonstration sites which emphasized remedial education as a distinct first step in the job training process suggests that the pay-offs to investments in remedial education, if they occur at all, are unlikely to be realized quickly.

1 Introduction

From 1982 through August 1988, the Rockefeller Foundation provided funding to selected community-based organizations (CBOs) to operate employment-training programs for minority female single parents. Four such projects—in Atlanta, San Jose, Providence, and Washington, D.C.—enrolled women in Minority Female Single Parent (MFSP) programs from late 1982 through 1987, offering them an array of services—basic remedial education, job-skill training, general employability training, counseling, child care assistance, and other support services. The objective set forth by the Foundation for these four projects was to help enrollees secure jobs that paid at least 30 percent above the minimum wage. The Rockefeller Foundation contracted with Mathematica Policy Research, Inc. (MPR) to conduct a comprehensive evaluation of the programs implemented by these demonstration projects. The evaluation encompasses three major components: (1) a study of the impact of the MFSP programs on the employment success of participants and on other measures of family stability and welfare, (2) a benefit-cost analysis of the programs, and (3) a process analysis of program operations.

This report presents an analysis of the economic impacts of the MFSP programs on the mothers who participated and their families during the first 12 months after they applied to the demonstration. As background to this analysis of short-term impacts, the remainder of the chapter describes the policy setting of the MFSP demonstration, the relevance of the evaluation in the current policy environment, and the key operational features of the programs implemented by the CBOs.

The Minority Female Single Parent demonstration and evaluation

The Minority Female Single Parent demonstration was conceived at a time when both policymakers and the public had come to expect that low-income parents who were receiving public assistance should and could assume greater financial responsibility for their families. The Rockefeller Foundation recognized that, despite this growing sentiment, little was known about how such parents could overcome the obstacles that inhibit successful employment, and thus sponsored the MFSP demonstration to help fill that knowledge gap. The Foundation decided to focus its efforts on minority single mothers, in recognition that this group is especially constrained by the barriers that can prevent successful employment—limited education, job skills, and work experience, racial discrimination, family responsibilities, and in some cases limited English-language proficiency. The Foundation also decided that the demonstration should serve the general population of low-income minority single mothers, rather than just AFDC recipients, in recognition that many non-AFDC single mothers face the same types of employment barriers, and thus are at risk of becoming AFDC recipients.

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The first phase of the MFSP demonstration began in 1982, when the Foundation provided funding to six CBOs to develop programs that emphasized "employability development." Under the terms of the Foundation's funding, the main objective of the CBO projects was to help single minority mothers secure private-sector employment at wages that were at least 30 percent above the minimum wage. The CBOs were to address this objective through a service package of assessment, counseling, education, training, job placement, and child care assistance. Each CBO was to serve 200-250 single mothers per year, for up to five years, and to obtain matching funds equal to the annual Foundation grant during each year of the project. In addition, the organizations were asked to cooperate in an evaluation of their programs by an outside contractor, and to maintain a management information system that could be used by the Foundation, the research contractor, and the CBO to monitor the delivery of program services.

Four of the six CBOs funded in the first phase were selected to continue in the evaluation phase, which began in 1984:

- *The Atlanta Urban League in Atlanta, Georgia (AUL)*
- *The Center for Employment Training in San Jose, California (CET)*
- *The Opportunities Industrialization Center in Providence, Rhode Island (OIC)*
- *Wider Opportunities for Women in Washington, D.C. (WOW)*

Although the Foundation established general objectives and program elements, it did not prescribe a specific program model, preferring instead to allow each CBO to use a service model that it thought would alleviate the specific employment barriers faced by low-income single mothers in its community. Nevertheless, the programs developed by the four CBOs shared several important elements. All of the CBOs delivered a coordinated set of services to address the multiple barriers that impede the progress of low-income minority single mothers towards employment and self-sufficiency. All selected particular occupational areas for which they would prepare their trainees. All recognized that deficiencies in basic educational skills were a serious barrier to employment, and all of the programs responded to the personal and logistical problems that pose barriers to training and employment. For example, the programs offered counseling to help participants reach decisions about their employment and training goals, overcome life crises, and improve their self-esteem and motivation. In various ways, all the programs helped clients obtain child care—sometimes by providing it directly, sometimes by helping clients find a suitable provider and arrange for a subsidy, and in some cases by paying for care. Payments to help with transportation costs were also available to some degree. To deliver this array of services, the CBOs drew in various ways on a variety of resources both within their own organizations and elsewhere in their communities.

To fill the recognized gap in the available knowledge about the effectiveness of this array of services, the Rockefeller Foundation funded a comprehensive set of evaluation activities that address five related policy questions:

1. *Does the provision of program services improve the economic circumstances of the women who participate, and if so to what extent?*
2. *Does the provision of program services affect other noneconomic aspects of their lives, such as their educational attainment and the educational attainment of their children, family formation and fertility, self-esteem, psychological well-being, and health?*
3. *What are the resource costs of providing the range of services available through the MFSP projects, and how do those costs compare with both measurable benefits and less quantifiable impacts?*
4. *What barriers do minority single mothers face that affect their ability to participate in the labor market and achieve economic self-sufficiency? How do low levels of educational skills, the need for safe, reliable, and affordable child care, the availability of transportation, and the nature and location of the jobs that are open to them affect their ability to find and retain jobs that contribute to their economic independence?*
5. *What are the most effective methods for providing employment-training services to minority female single parents? What program elements are necessary and how should service delivery be organized?*

The major components of the evaluation are thus an analysis of the economic and noneconomic impacts of the demonstration, a cost-benefit analysis, an analysis of the barriers to economic self-sufficiency faced by minority single mothers, and a process analysis of program operations.

The central objective of the evaluation is to compare the postprogram well-being of participants and their families with what it would have been had they not participated in the demonstration. Random assignment was incorporated into the operations of each of the four research sites in order to provide a control group for the purpose of measuring the net impacts of their programs. From late 1984 until December 1987, program applicants who were single minority mothers were assigned randomly to two groups: a treatment group, which was eligible to participate in the program, and a control group, which was ineligible to receive services from the CBO during the research period but could seek other training program and support services elsewhere in the community. Under a final year of Foundation funding for the demonstration, the projects continued to provide services in 1988 to the last participants enrolled in 1987 and still active in the programs. A total of nearly 4,000 women applied to the programs at the four projects during the period of random assignment; about 2,300 were assigned to the treatment group.[1]

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[1] A total of nearly 8,000 women applied over the entire period of program operations beginning in 1982. Before the introduction of random assignment, all eligible applicants could receive services.

Data for the evaluation are drawn from a program management information system (MIS), observations of program operations and interviews with CBO staff, program administrative cost records, and, most importantly, interviews with members of the treatment and control groups. Members of the treatment and control sample were interviewed at program entry (just prior to random assignment), approximately 12 months after program entry, and approximately 30 months after program entry. A third follow-up interview is planned for 60 months after random assignment at three of the MFSP sites.

This report analyzes the short-term economic impacts of the MFSP demonstration, based on the 12-month follow-up interviews. It is the first of several planned reports on MFSP program impacts. Reports on the noneconomic impacts of the demonstration and on the economic impacts as of the 30-month follow-up interview are scheduled to be completed in spring 1991. A cost-benefit analysis, based on the 30-month impact results and a previously completed analysis of program costs (Handwerger and Thornton, 1988), will also be completed in 1991.[1]

The current policy environment

The policy environment has changed dramatically since the MFSP demonstration began in the early 1980s. Mounting national concern about the problems of welfare dependence culminated in the fall of 1988 with the enactment of the Family Support Act (FSA). The FSA seeks to enhance the economic self-sufficiency of welfare recipients by strengthening their incentive to work and by strengthening their capacity to become self-sufficient by finding and retaining jobs. With the enactment of the FSA, the focus of policy concern has shifted from determining whether the welfare system should be reoriented to ascertaining the most effective strategies for imparting the skills necessary to enable welfare recipients to be economically self-sufficient.

At the same time, much new information about the effectiveness of employment-training strategies has emerged since the MFSP demonstration was initiated in 1982. Indeed, welfare reform gained impetus from a growing body of evidence which indicated that a wide range of employment-training programs have been moderately successful at improving the employment and earnings of low-income and welfare-dependent single heads of household, and that the programs have been cost-effective. Yet some critical knowledge gaps remain, and the evaluation of the MFSP demonstration is just now beginning to fill those gaps. In particular, the MFSP demonstration can make a unique, timely contribution to three specific research areas.

First, a central element of welfare reform is the Job Opportunities and Basic Skills (JOBS) program, which—as the name implies—stresses that the enhancement of basic educational skills is a prerequisite for the labor-market success of many welfare recipients. Despite widely held perceptions about the importance of adequate basic educational skills in the labor market, the existing research provides little direct evidence about the general effectiveness of remedial and basic education programs—either directly or as a first step in a vocational skills training program—at moving welfare recipients into jobs. In addition, no evidence is available on the effectiveness of different approaches to providing basic educational skills training for this population. The employability programs that have been implemented for poor single mothers and for which research evidence exists have not emphasized the acquisition of basic skills, and some of the newer programs that are oriented heavily toward basic educational skills have not yet been rigorously evaluated.[1] Other programs that have encompassed a major education component have been evaluated carefully, but such programs have tended to focus on youths rather than poor single mothers.[2] Since many MFSP applicants lacked basic educational skills, all of the MFSP demonstration programs incorporated some type of basic educational component into their service package. The evaluation thus provides important and timely evidence on the effectiveness of different approaches to basic skills training as a strategy for moving poor single mothers into jobs.

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[1] Other completed MFSP evaluation reports include a report on the process analysis (Hershey, 1988), a report on the child care markets in the demonstration sites (Handwerger, Strain, and Thornton, 1989), and a report on the local context and target population (Burghardt and Gordon, 1988).

Second, the MFSP demonstration evaluation offers information on the effectiveness of an intermediate-cost approach to job training that has not previously been evaluated. Previous research has examined two types of employment-training strategies for poor single mothers. One strategy entails relatively inexpensive, short-term forms of assistance—primarily job-search assistance and short-term unpaid work experience programs in which participation is mandatory to varying degrees. The Work Incentive (WIN) programs evaluated in the late 1970s, the Employment Opportunity Pilot Project, the Louisville WIN laboratory project, and the work-welfare demonstrations conducted in San Diego, Baltimore, Arkansas, Virginia, West Virginia, and Illinois are leading examples. Most of these programs generated modest improvements in employment at a modest cost, ranging from less than $100 per participant to nearly $1,000. At the other extreme are such demonstration initiatives as Supported Work and the Home Health Aide Demonstration, which provided more intensive, longer-term on-the-job training that cost up to $10,000 per participant. While these programs were also found to be cost-effective, the high cost of such efforts has limited their use on a nondemonstration basis.

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[1] For example, WIN and the work-welfare demonstrations encompassed primarily mandatory job-search assistance and community work experience for AFDC recipients. Early demonstrations, such as Supported Work and the Home Health Aide Demonstrations (both of which also focused on AFDC recipients), were essentially long-duration on-the-job training programs. The Job Training Partnership Act (JTPA) and its predecessor, the Comprehensive Employment and Training Act (CETA), have included classroom training among other activities. However, the available studies on CETA are plagued by methodological problems, since they lack a credible comparison group, and the results of the more rigorous studies of JTPA will not be available for some time. Similarly, many state-initiated programs that were precursors to the FSA (e.g., GAIN in California), as well as the demonstrations undertaken under the auspices of the Low Income Opportunity Board, included major education initiatives. Many of these initiatives are being studied carefully, but the results of these studies will also not be available for some time.

[2] The Job Corps, for example, provides vocational skills training and basic education to economically disadvantaged youths, primarily in a residential setting (see Mallar et al., 1982).

Little is known about the effectiveness of programs for poor single mothers that are oriented toward classroom training and the acquisition of basic educational skills and whose costs fall between these two extremes.[1] Prior to the FSA, some states had undertaken programs that offered more intensive services than did the early work-welfare demonstrations, either through welfare reform demonstration initiatives under the auspices of the Low Income Advisory Board or through state-funded initiatives (e.g., GAIN in California, ET Choices in Massachusetts, and SPOC in Pennsylvania). The FSA seems certain to foster more programs of similar scope that emphasize educational remediation and job-skill training. The MFSP demonstration programs, in which costs have ranged from about $2,600 per enrollee to nearly $5,000, offer four examples of intensive-service approaches whose costs fall in this middle range.[2] The MFSP demonstration will thus provide evidence on the effectiveness of programs that are designed to enhance the employment skills of their participants by providing intensive, moderate-cost employment training.[3]

A third important gap in the existing body of knowledge pertains to the special challenge of providing employment-training programs to women with children younger than 6 years of age. For the first time, the FSA makes participation in employment-training activities mandatory for single welfare recipients whose youngest child is between the ages of 3 and 5 (provided that child care is available). Women with young children participated in the work-welfare demonstrations and other initiatives, but not in sufficient numbers to enable analysts to study either the impacts on this subgroup or the manner in which programs met child care needs. In contrast, two-thirds of the women who applied to the MFSP demonstration had a child younger than age 6 (40 percent had a child younger than age 3). Consequently, the MFSP demonstration evaluation will provide important, timely information on the child care needs of employment-training participants that has not been available elsewhere.

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[1] Two exceptions to the lack of knowledge about intermediate-cost approaches are the evaluations of the Baltimore Options work-welfare demonstration and the San Diego Saturation Work Initiative Model (SWIM) demonstration by the Manpower Demonstration Research Corporation (MDRC). In both of these demonstrations, participants were offered the option of training and education rather than or after job search and work experience (see Friedlander, 1987; and Hamilton and Friedlander, 1989). In addition, several studies of CETA examined the effectiveness of classroom training for women (see Barnow, 1987). Both MDRC's evaluation of the Baltimore Options and the San Diego SWIM programs and the CETA studies reviewed by Barnow suggest that such strategies can be effective. (See further discussion on these studies in Chapter 6.)

[2] Handwerger and Thornton (1988) provide an analysis of the costs of the MFSP programs.

[3] An ongoing evaluation of JTPA should eventually provide solid evidence on the effectiveness of that program at helping welfare recipients. Furthermore, many state-funded initiatives and all projects conducted under the auspices of the Low Income Advisory Board entail evaluations. However, findings are not expected from any of these projects for several years.

In summary, the findings from the MFSP demonstration evaluation are now important as states begin to implement the JOBS programs under the Family Support Act, because—

- *The intervention focused on the remediation of basic educational skill deficiencies as a primary barrier to self-sufficiency.*
- *Program services went beyond the job search, work experience, and on-the-job training about which good research information exists to more intensive and expensive education and skill training services whose effectiveness has not been the subject of extensive research.*
- *A large proportion of demonstration participants were women with young children, a group not previously studied but whose service needs are highlighted in the Family Support Act.*

However, it is also important to note two features of the demonstration that may limit the applicability of our findings within the context of the JOBS program. First, the demonstration programs were operated by community-based organizations rather than by public assistance agencies. Nonetheless, the MFSP program experience is relevant to the implementation of the FSA in many localities because many agencies are likely to draw on the experience of local CBOs in the employment-training area. Indeed, the FSA requires that welfare agencies coordinate with existing programs as much as possible. Second, participation in the MFSP demonstration was entirely voluntary; AFDC receipt was not contingent on participating in a demonstration program, as is supposed to be case under the JOBS program. Here, again, however, the MFSP program experience may be more directly relevant than it might seem. The implementation of JOBS at the state and local levels is likely to differ markedly in terms of the emphasis on the obligatory nature of participation; furthermore, funding limitations, in conjunction with the low percentages of caseloads that the states must serve in the early phases of JOBS, may prompt many states to focus on individuals who express a desire to participate in services.[1]

One must also bear in mind that the MFSP demonstration evaluation covers just four programs, which adopted diverse employment-training approaches, exhibited different degrees of experience in and skill at managing employment-training activities, operated in diverse labor markets, and served somewhat different target populations. All of these factors must be considered as we assess the measured net impacts of each program and evaluate their policy significance.

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[1] Participation is intended to be obligatory for large segments of the AFDC caseload, and the law requires that states serve at least specified percentages of their caseloads each month. However, these minimum percentages have been set at a level that some states may be able to meet by serving only volunteers.

Program models and service approaches

Although all four CBOs recognized that a coordinated set of comprehensive services were required and developed programs that shared several features, their service models exhibited important differences. These differences reflected the philosophies of the organizations, their previous programmatic approaches, and their local labor-market conditions. Since cross-site differences in impacts may reflect differences in service delivery approaches, it is important that we highlight key elements of the approach adopted by each CBO.

The Atlanta Urban League (AUL)

The Atlanta Urban League in Atlanta, Georgia, is an established service organization with strong cooperative ties to other training and service agencies, and long-standing relationships with community service funding sources such as the United Way. AUL did not operate an ongoing comprehensive training program comparable to the MFSP program, although it had been involved in a variety of direct service programs—for example, operating an office systems training center, offering a course to help individuals prepare for civil service tests, operating an employment orientation program for senior citizens, operating a housing information and counseling center, and sponsoring a Supported Work Demonstration site. AUL adopted a service model for the MFSP demonstration that combined the training services offered by other community agencies with specially developed in-house training to meet needs not met effectively by other agencies.

The AUL MFSP program was shaped by the following guidelines:

- *Training courses available in the community were to be used whenever feasible to avoid developing excess resources; new training courses were to be developed only when existing ones were inadequate or unavailable.*
- *The program was to focus on preparing participants to qualify for skill training programs in the community, based on the particular entrance requirements established by the sponsoring organizations that operated the training programs.*
- *Program professionals were to diagnose the academic and skill strengths and weaknesses of participants in order to guide them toward realistic goals and training plans.*
- *Child care assistance was viewed as the primary essential support service for most participants.*

Thus, the MFSP program at AUL served largely as a "broker" of community services. It analyzed the service needs of enrollees, guided them toward available services, and provided them with some in-house services to fill gaps in the existing network.

Center for Employment Training (CET)

The MFSP program at CET in San Jose, California, reflected the long-standing philosophy and service approach of the organization as a whole, which has been providing employment training throughout California and other western states since 1968. The following tenets shape the CET program:

- *Anyone can improve his or her employment skills and go to work; access to occupational skill training need not be predicated on aptitude (as measured through formal tests) or prior mastery of specific basic educational skills.*
- *Practical skill training in demand occupations is the activity that responds best to the goals and motivations of persons who face employment problems.*
- *The benefits of practical skill training are accessible to all applicants, even though many need to improve their basic literacy, math, and English-language skills while pursuing job training.*
- *Trainees learn and master skills at different speeds and thus require the flexibility of courses structured to permit "open entry" and "open exit."*
- *Support services and a supportive "family" environment at the program are essential to help trainees overcome logistical, emotional, and motivational problems that could undermine their success in training and at finding and retaining employment.*

About three-fourths of the CET sample enrolled at the CET center in San Jose. The balance of the sample was enrolled at four nearby smaller centers: Gilroy, Watsonville, Salinas, and, near the end of the demonstration, Oakland.[1] All MFSP program participants attended vocational skill training in open-entry open-exit training courses, along with trainees who were enrolled in the courses through other funding sources. The San Jose center offered training in approximately a dozen occupational areas; the other centers generally offered training in fewer areas. Also noteworthy is that CET established a Montessori Child Care Center at its San Jose location in order to serve the child care needs of single mothers who were using the training program.[2]

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[1] The MFSP program was initially implemented (with random assignment to treatment or control status) in Gilroy, Watsonville, and Salinas in mid-1985 because more ample funding was available at these rural sites and because sample enrollment was lagging at the San Jose center. MFSP sample enrollments continued through mid-1986, when sample intake was discontinued. In the spring of 1987, as overall sample enrollments continued to lag behind desired levels and in response to a commitment to end sample intake by the end of 1987, the Rockefeller Foundation established an incentive scheme under which CET was to be reimbursed for each MFSP participant above the planned number of monthly enrollments who entered skill training. The objective was to encourage CET management to allocate available training slots to the MFSP sample members during the final months of sample enrollment, so as to boost the sample sizes available for the analysis. CET management responded by vigorously recruiting and enrolling minority single mothers not just in San Jose but also in Watsonville, Gilroy, Salinas, and, for the first time during the demonstration, Oakland.

[2] In fact, CET used a substantial portion of the Rockefeller Foundation grant for the MFSP program to establish and operate the child care center. Actual training for many MFSP participants was funded from another source, most often JTPA, CET's contract to provide training to farmworkers, or in some cases Pell Grants.

Opportunities Industrialization Center (OIC)

OIC of Rhode Island was a well-established provider of job training and other services to the Providence community dating back to 1968. The MFSP program at OIC built on a remediation and training approach long used at OIC in Providence in programs for other target populations. The following are the major features of this model:

- *Emphasis on completing high school or attaining the GED as a stepping stone to skill training and jobs*
- *Standardized testing to determine academic skill levels*
- *Structured, scheduled-duration courses in occupational skill training and remedial education*
- *An active program role in arranging and providing subsidized child care services*

The MFSP program at OIC strengthened this basic model by providing ongoing counseling services to deal with the personal problems faced by participants. In contrast to CET, however, the MFSP program was organized as a separate unit within OIC, with its own counselors and educational instructors. Trainees without high school credentials were required to attain the GED before they could enter skill training. Occupational skill training was provided by other divisions of OIC or by outside organizations. OIC had particularly strong ties with the local WIN program, and developed arrangements that greatly facilitated access to child care subsidies by its MFSP program participants who received AFDC.

Wider Opportunities for Women (WOW)

WOW, in Washington, D.C., developed an MFSP program that derived from the organization's long experience as a policy advocate for women in the employment market and its long-standing efforts to win equal pay for women and greater opportunities for women in nontraditional occupations. The WOW MFSP program was based on the view that the way out of poverty for minority single mothers depends on their gaining access to new career paths in well-paying occupations. Under this view, women need assistance in (1) developing positive work attitudes, discipline and motivation, appropriate work habits, and general employability skills; (2) learning the basic skills and concepts necessary to pursue a range of nontraditional careers; and (3) learning to overcome obstacles that could prevent them from receiving training or finding a job. With a limited training operation and a relatively narrow funding base for its MFSP program, WOW designed a program that emphasized the following:

- *General employability preparation, rather than occupational skill training that focused on specific jobs*
- *An opportunity for enrollees with stronger academic skills to pursue a general technical course leading to nontraditional occupations in which better-paying jobs*

were more widely available (women with weaker skills or no interest in non-traditional careers could take a general employability course, but did not receive training for specific occupations)

- *Selective placement in training courses, based largely on standardized reading and math test scores*
- *Assistance in finding and paying for child care, and in developing skills as educated consumers of child care services*

Depending on the level of their basic educational skills, WOW trainees were assigned to one of two courses. Women whose math and reading skills were at a sixth- or seventh-grade level took an 11-week course that included work on basic educational skills, employability development activities (orientation to the world of work, instruction in job-search techniques, and work on improving motivation), and a three-week period of unpaid work experience at a cooperating local employer. Women whose basic skills were at the eighth-grade level or above took a 22-week course that provided instruction in the basic elements of electro-mechanics in addition to the topics covered in the 11-week course. The electro-mechanics course was designed to impart an understanding of the basic principles of electricity, mechanics, and tools to help the participant qualify for a wide range of occupations or for further training for specific jobs; it did not focus on preparation for a particular job.

Key differences among projects

In summary, the CBO programs were shaped by their own organizational strengths and experience, their existing views about the most effective approaches for preparing persons for employment, and local funding constraints in attempting to assemble a package of services. They thus diverged in several respects—but most importantly in terms of the relative emphasis they placed on two general models of employment training: (1) "occupational skill training," with instruction and practice in the skills required for specific jobs, and (2) "general employability training," to enhance general preparedness for further training, job search, or employment by upgrading basic educational skills, motivation, decision-making, and job-market orientation.

The emphasis on these two models differed among the four CBOs, although some elements of both could be found in all of the CBO programs. The CET program emphasized very practical occupational skill training geared specifically toward the demands of particular jobs available in the local market, and supplemented by several forms of instruction to enhance basic educational skills, as well as special sessions to prepare clients for pursuing employment in the job market. OIC and AUL emphasized classroom courses to help participants meet academic standards that were felt to be critical for further skill training or employment, and made specific occupational skill training available as academic problems were overcome. WOW emphasized a general employability model, to improve the access of clients to and their readiness to engage in employment or further training.

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2 Data sources and sample characteristics

This chapter presents an overview of the data sources and the sample available for our analysis of the short-term impacts of the demonstration. The sample used in this report includes women who (1) applied to MFSP programs and became part of the research sample during the 38-month period of sample enrollment (from November 1984 through December 1987), and (2) completed both the baseline and 12-month follow-up interviews. The first section discusses sample coverage, sample sizes, and completion rates for the 12-month follow-up interview in each site, and the second section presents the baseline characteristics of the treatment and control groups.

Sample and data sources for the analysis of short-term impacts

The MFSP demonstration evaluation sample consists of eligible individuals who applied to the MFSP projects, received a brief orientation to their programs, and then returned to complete a baseline interview (just prior to enrolling). At the time of the baseline interview, each person was assigned randomly either to the treatment group (which was offered the opportunity to participate) or to the control group (which was not permitted to participate in the employment and training activities of the CBO for a period of 30 months but could seek services elsewhere). All minority single mothers who sought employment-training services at the participating CBOs between November 1984 and December 1987 were subject to random assignment and were enrolled in the sample.

The total sample for the evaluation consists of 3,965 women who completed a baseline interview and were subject to random assignment. The sample for this report—referred to as the "12-month follow-up sample"—consists of all sample members who completed both a baseline and a 12-month follow-up interview—that is, a total of 3,352 women (1,968 treatments and 1,384 controls).

The evaluation design called for sample members to be interviewed at three points in time. As described earlier, the baseline interview was administered at the point of random assignment. The first follow-up interview was scheduled to be administered 12 months after random assignment, and a second follow-up was scheduled for 30 months after random assignment.[1] Both follow-up interviews were administered by telephone, and in-person interviews were attempted with individuals who could not be interviewed by telephone. In addition, all four MFSP projects recorded data in a management information system (MIS) to track the program activities of participants. The data for our analysis of short-term impacts were drawn from the baseline and 12-month follow-up interviews.[1]

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[1] In fact, about 5 percent of the sample for the 12-month follow-up interview were interviewed less than 12 months after baseline, 34 percent were interviewed 12 months after baseline, 44 percent were interviewed 13 to 15 months after baseline, 15 percent were interviewed 16 to 19 months after baseline, and 2 percent were interviewed 20 to 25 months after baseline. The delays until 13 to 15 months reflect lags in the survey fielding process. Most of the longer delays reflect the fact that the fielding of the 12-month interview began in May 1986, approximately 6 months after the initial cohorts were "due" for their 12-month follow-up interviews.

Table 2.1 shows the sizes of the baseline and 12-month follow-up samples and the completion rates for the 12-month interviews. The number of sample members by site for the 12-month follow-up sample is as follows: at AUL, 727 completed 12-month interviews; at CET, 812 completed 12-month interviews; at OIC, 541 completed interviews; and, at WOW, 1,272 completed interviews. Overall, a 12-month interview was completed for 84.5 percent of the baseline sample. The completion rate varies somewhat by site and research status. In particular, the completion rate for the control group at AUL is just below 75 percent, while the completion rates for both the treatment and the control groups at WOW are close to 90 percent. The completion rates for the treatment group at AUL and both the treatment and control groups at CET and OIC are between 80 and 85 percent.

The characteristics of the treatment and control groups at baseline

This section of the chapter summarizes the baseline characteristics of the sample. Two different perspectives are important. First, an examination of the average characteristics of the entire sample (both the treatment and the control groups) addresses two questions:

- *Did the projects achieve the basic objective of serving women who faced barriers to employment?*
- *Did cross-site differences exist in the populations served that could affect the size of the impacts reported in the impact analysis?*

Second, a comparison of the characteristics of the treatment group with those of the control group can help us both assess whether random assignment generated groups whose average characteristics were similar, as intended, and identify the existence of possible problems with the implementation of random assignment that must be addressed to compute and interpret the net impacts. The characteristics of the entire sample are presented in the section that follows. The next section summarizes the results of our comparison of the characteristics of the treatment and control groups.

Overview of the characteristics of the sample

Table 2.2 presents baseline data on the demographic characteristics of the treatment and control groups in each site, their level of education and training, and their work experience, earnings, and other income sources at the time they applied to the MFSP program.[2]

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[1] Thirty-month follow-up interviews will be completed in June 1990 and analyzed in later reports. A 60-month follow-up is currently being planned.

[2] Burghardt and Gordon (1988) provide a detailed discussion of the characteristics of the entire baseline sample and comparisons of this sample both with the national population of minority single mothers and with the population of minority single mothers in each of the four sites.

Demographic characteristics. Overall, about 70 percent of the sample were black, 25 percent were Hispanic, and 5 percent were from other minority groups. Applicants at WOW and AUL were predominantly black (over 90 percent in each site), while the samples at CET and OIC were ethnically more diverse, with Hispanics comprising the largest group at CET and blacks comprising the largest group at OIC. Most (over 60 percent) of the sample members had never been married, although about 50 percent of the CET sample had previously been married. The women in the sample were approximately 28 years old on average—those at CET were slightly older on average (nearly 29 years of age), and those at OIC were slightly younger on average (between 26 and 27 years of age).

The household composition of the sample reveals some interesting patterns. The average household consisted of just over four persons, and the women had slightly less than two children on average. About two-thirds of the women had a child younger than age 6, and nearly 40 percent had a child younger than age 3 at the time they applied to the program. A substantial proportion (over 40 percent) of the sample lived with at least one other adult. Women at OIC had younger children than those at other sites—about three-quarters had a child younger than age 6. The proportion who lived with other adults also varied across sites. At WOW, over half of the sample lived with other adults, while at OIC about one-quarter lived with other adults. CET and AUL are close to the overall average.

Educational background. The projects attracted women with diverse levels of education. On average, the highest grade completed was approximately the 11th grade, and less than half of the applicants (at all projects except AUL, and overall) had completed high school. The level of completed schooling was highest at AUL and lowest at CET. Some of the applicants had also attained their GED (approximately 11 percent overall, but much higher at OIC), and a substantial proportion (over 40 percent overall) had previously participated in vocational training programs.

Work experience and earnings. Almost half of the women in the analysis sample had worked in the year prior to the baseline interview. The applicants who did work worked only about half of the year on average.[1] Mean earnings overall in the previous year were less than $2,000. However, only a third of the sample members at OIC had worked in the past year, and their earnings were just over $1,000 per year. In contrast, the women at AUL and WOW had worked slightly more than the overall average, while those at CET worked at about the average.

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[1] Indeed, more detailed data presented in Burghardt and Gordon (1988), Appendix Table B.4, indicate that only 14 percent of the baseline sample (29 percent of those who worked) had worked for at least 40 weeks during the year prior to application. Furthermore, data on the most recent episode of work suggest that the jobs tended to pay relatively low wages, and that few of the jobs provided major fringe benefits, such as health insurance. The average hourly wage in the most recent job was approximately $4.70, and only 21 percent of the jobs offered a compensation package that included health insurance.

Table 2.1 Sample sizes and completion rates for the analysis of short-term impacts

	AUL			CET		
	Control	Treatment	Difference	Control	Treatment	Difference
Total Baseline Sample	406	519	925	413	549	962
Number of Completed 12-Month Interviews[a]	303	424	727	345	467	812
Interview Completion Rate for 12-Month Interviews	74.6	81.7	78.6	83.5	85.1	84.4

[a] Excludes one follow-up completion for which the baseline interview was missing.

Income sources. Over 70 percent of the sample were receiving AFDC or other public assistance at the time they applied to the program (over 80 percent at OIC). Total personal income in the year prior to application was approximately $6,000 on average, while other household members contributed over $5,000 on average, yielding a total household income of roughly $11,000. The contributions of other household members to household income were especially important in the WOW sample, in which households were also larger.[1]

Comparisons with the national population and with samples from the work-welfare demonstrations. Burghardt and Gordon (1988) compared the characteristics of the MFSP demonstration sample with those of the national population of low-income minority single mothers, using data from the March 1987 Current Population Survey.[2] While the ethnic composition and household size and composition of the MFSP demonstration sample resembled those of the national population, women in the MFSP demonstration sample were less likely to have completed high school, had less work experience, and were more likely to be receiving welfare than women in the national population. Furthermore, women in the MFSP demonstration sample were younger on average, more likely to have very young children, and more likely never to have been married than were women in the national population. These findings suggest that the demonstration was successful at attracting a relatively disadvantaged segment of the population of low-income minority single mothers.

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[1] The data on income from others and total household income were constructed from responses to questions about income by source for other household members. Sample members were frequently unable (and/or unwilling) to provide this information about the persons with whom they were living. Consequently, we imputed values for specific income sources in instances where the respondent reported that a family member had received income of a specific type but had not reported the amount. (See Burghardt and Gordon, 1988, for a description of the imputation procedures.) The results clearly support the conclusion that income from other household members (often the parents of the respondent) comprised a substantial part of household income in respondents' households. However, due to these imputations, conclusions should be drawn from these numbers with caution.

[2] "Low-income" was defined as household income of less than twice the poverty level for that household size.

OIC			WOW			Total		
Control	Treatment	Difference	Control	Treatment	Difference	Control	Treatment	Difference
205	458	663	640	775	1,415	1,664	2,301	3,965
165	376	541	571	701	1,272	1,384	1,968	3,352
80.5	82.1	81.6	89.2	90.5	89.9	83.2	85.5	84.5

On the other hand, not all of the MFSP demonstration sample received welfare at the time of enrollment, which suggests that they may have been better off financially, on average, than women who have been served by the state welfare-employment programs, or women who will be served under the new JOBS program. While we do not have detailed demographic data on the population that will be eligible for JOBS, we can compare the characteristics of the MFSP demonstration sample members with the characteristics of the samples enrolled in the eight state work-welfare demonstrations.[1]

MFSP demonstration sample members were more likely to have worked in the year before enrollment than were the samples for all of the work-welfare sites except San Diego, and, accordingly, they had higher average earnings (again with the exception of San Diego). The San Diego demonstration served only new applicants to welfare, who are less disadvantaged on average than long-term recipients. The average earnings of the MFSP demonstration sample in the year prior to enrollment resembled the average earnings of new welfare applicants in the Virginia, Baltimore, and San Diego work-welfare samples. The proportion of dropouts in the sample varied greatly across the work-welfare sites, but the proportion of dropouts among the MFSP demonstration sample is towards the middle of the range of this variation.

However, MFSP demonstration applicants were in some respects more disadvantaged than the work-welfare demonstration samples. They were of course more likely to be female and members of minority groups. Since the work-welfare demonstration exempted women with children younger than age 6 from mandatory participation (with the exception of Arkansas, which exempted women with children younger than age 3), MFSP demonstration sample members were much more likely to have preschool children. MFSP demonstration sample members were

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[1] We consider only the characteristics of the regular AFDC cases in the work-welfare demonstrations, which excludes the AFDC-U cases. Data on the characteristics of the samples for these programs can be found in Auspos et al. (1988), Table A.1, for all programs except New Jersey, and in Freedman et al. (1988), Table 2.4, for the New Jersey project.

Table 2.2 The baseline characteristics of treatment and control group members in the 12-month follow-up sample, by site (means and percentages)

	AUL		CET	
Characteristic	**Control**	**Treatment**	**Control**	**Treatment**
Demographic Characteristics at Baseline				
Age at Baseline	27.9	28.4	28.3	29.3*
Number in Household	4.1	4.0	4.2	4.3
Number of Own and Stepchildren	2.0	2.0	1.7	1.8
Age of Youngest Child[a]				
0-2	39.6	36.8	36.5	37.3
3-5	25.7	25.5	26.1	25.1
6 or older	33.3	36.1	35.7	35.6
Mean	4.7	5.2	5.1	5.1
Percent Black	98.0	96.7	13.9	12.0
Percent Hispanic	1.7	1.7	75.1	81.8**
Percent Never Married	63.7	56.8*	48.4	49.3
Percent Lived with Other Adult(s)	36.6	38.7	40.9	43.0
Percent Used Child Care in Past Year	43.9	43.6	43.5	43.7
Education and Training				
Highest Grade Completed	11.3	11.4	10.1	9.9
Percent with High School Diploma	50.8	53.8	30.7	32.3
Percent with GED	9.6	8.0	9.9	7.1
Percent with Previous Training	47.5	47.9	23.5	24.6
Work Experience				
Percent Ever Worked	89.8	91.3	82.9	85.2
Percent Worked in Year Before Baseline	52.8	54.7	44.4	48.2
Weeks Worked in Year Before Baseline	13.9	14.5	12.6	13.9
Income Sources				
Earnings in Year Before Baseline	$1,900	$2,115	$1,587	$2,081**
Percent Received AFDC or Other Public Assistance at Baseline	64.7	69.8	71.3	66.6
Total Income of Minority Single Mother in Year Before Baseline	$5,100	$5,433	$6,498	$6,719
Annual Income of Others in the Household	$2,868	$2,883	$4,085	$4,516
Annual Household Income[b]	$8,024	$8,371	$10,690	$11,354
Percent of CET Sample from:				
San Jose			70.8	74.9
Salinas			8.5	7.5
Gilroy			2.9	3.9
Watsonville			10.2	7.5
Oakland			7.6	5.1
Number in Sample	303	424	345	467

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
26.1	27.3**	27.8	28.3	27.8	28.4**
3.7	3.6	4.8	4.3***	4.4	4.1***
1.9	1.9	1.7	1.7	1.8	1.8
52.1	46.0	38.9	34.1	40.0	37.7
26.7	24.7	28.2	29.5	27.0	26.7
21.2	28.5	30.8	35.1	31.4	34.2
3.7	4.1	4.8	5.2	4.7	5.0
57.6	62.0	93.7	93.4	70.5	68.8
31.5	26.3	2.8	4.1	24.0	26.3
63.6	63.8	74.6	72.6	64.4	62.0
29.7	23.7	59.6	54.2*	46.3	42.4**
24.9	34.6**	45.5	48.5	42.2	43.7
11.0	11.1	11.0	11.0	10.8	10.9
40.0	39.1	36.6	39.1	40.0	42.4
17.6	16.2	9.8	10.0	10.7	10.1
33.9	34.8	49.4	52.1	40.7	41.4
74.6	79.5	92.1	91.3	87.2	87.6
32.1	34.0	53.4	56.1	48.5	49.7
8.7	8.5	13.8	15.0	12.9	13.4
$1,047	$1,131	$2,158	$2,264	$1,827	$1,972
87.9	83.8	73.9	70.3	72.9	71.9
$6,258	$6,382	$5,765	$5,822	$5,861	$6,058
$2,944	$2,827	$8,926	$8,009	$5,680	$5,085
$9,344	$9,389	$14,857	$13,983	$11,665	$11,273
165	376	571	701	1,384	1,968

SOURCE: Baseline interviews with MFSP program applicants.

[a] A small proportion of the sample had no children living with them at baseline.

[b] Includes the face value of food stamps.

*/**/***Treatment-control difference is significantly different from zero at the 90/95/99 percent levels of confidence.

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also younger on average and more likely never to have been married. Because JOBS will be mandatory for women who do not have children younger than age 3 (or, at the option of states, women who do not have a child younger than age 1), we expect that the mandatory JOBS population would be more similar to the MFSP demonstration sample along these dimensions.

A comparison of the characteristics of treatment and control group members

Random assignment was used to ensure that the treatment group differed from the control group only in terms of the availability of MFSP program services; in all other respects, the characteristics of the two groups are expected to be very similar. However, differences between the characteristics of the control group and the characteristics of the treatment group in our analysis sample may have arisen from several sources:

- *Problems with the implementation of random assignment*
- *A change in the ratio of treatment group members to control group members in three sites from 2:1 in the early stages of random assignment to 1:1 during the later phases; thus, the treatment group applied to the program earlier, on average, than did the control group. If the characteristics of the women who applied to the programs changed over time, then the average characteristics of the control group (who enrolled later on average) may have differed from the average characteristics of the treatment group (who enrolled earlier on average).*
- *Chance variation in the characteristics of the individuals who were selected into the treatment and control groups (sampling variation)*
- *Treatment-control differences in the characteristics of nonrespondents to the 12-month interview*

The first section of Appendix A analyzes the observed treatment-control differences and the contribution of each of these factors to those differences. While our samples exhibit a few treatment-control differences (and even some which are statistically significant), we believe that these differences are due to sampling variation rather than to systematic causes. In addition, nonresponse to the interview introduced some additional differences into our 12-month follow-up sample (as opposed to the evaluation sample) because the characteristics of persons who responded (or did not respond) differed between the treatment and control groups. As a precaution, we used multivariate regression analysis to control for the potential effects of these differences in characteristics in deriving the estimates of the impacts of the MFSP programs presented in Chapter 4.

3 Employment-training experience of the treatment and control groups

A major objective of the MFSP demonstration programs was to deliver employment-training services to a disadvantaged and underserved group. This chapter uses information reported by treatment and control group members in the 12-month follow-up interview to analyze whether that objective was achieved. First, we document the extent to which the treatment group actually received training and related support services, and compare the services that they received from the MFSP programs with the services received by the control group from other programs in their communities. While it might seem obvious that the offer of MFSP program services would lead to greater service receipt by the treatment group, it is important to bear in mind that control group members were free, and in some cases encouraged, to seek services from other programs. Thus, measuring the extent to which the offer of MFSP program services to the treatment group increased the proportion of applicants who actually received training services is very important for documenting the nature of the "intervention" and interpreting the impact estimates presented in Chapter 4.

The MFSP programs were designed to combine basic education with skill training (although the relative emphasis on education versus training varied from site to site), and to provide a wide range of support services to help minority single mothers overcome barriers to participating in training. This objective poses three questions for the evaluation. First, did MFSP program participants receive a different, richer mix of services than did the control group members who participated in other programs? Second, did MFSP program participants use the child care assistance that was offered? Third, did the programs that served control group members serve a representative cross-section of the MFSP demonstration applicants or did they serve only the less disadvantaged MFSP demonstration applicants, who might not have required the enriched mix of services that the MFSP projects offered through the demonstration funding?

Accordingly, the four sections of this chapter address the following sets of questions, respectively:

- *What was the impact of the MFSP programs on the receipt of employment and training services? Did the MFSP projects deliver a significant "intervention" that could make a difference in the employment and earnings of trainees?*
- *What mix of services (e.g., basic education or GED instruction, skill training, counseling, job-search assistance, and child care assistance) did the program participants in each experimental status receive? What were the duration and time pattern of service receipt?*

- *Did MFSP program participants use the child care assistance that was offered? What patterns of child care utilization ensued?*
- *Based on the personal characteristics of the samples at baseline, did the MFSP programs appear to serve women who faced greater barriers to employment than did control group members who were served at other agencies? Did the programs in which control group members were enrolled appear to serve primarily the most able members of the control group?*

It is important to bear in mind that the four sections of this chapter examine data on training experience from two somewhat different perspectives. The first section discusses the average incidence of training among all members of the treatment and control groups; it includes the experience of persons in each experimental status who participated in a training program, as well as the experience of persons who did not participate. This perspective is important in order to establish the extent to which the offer of training from the MFSP program actually led to more training activities by members of the treatment group; treatment-control differences can be interpreted as measuring the net impacts of the program

The second and subsequent sections focus just on the individuals in each experimental status who reported that they had actually received employment and training services. We cannot draw inferences about impacts from comparisons of those in the treatment and control groups who participated in a program, because we have no guarantee that the measured and unmeasured characteristics of these two groups are equivalent. However, these comparisons enable us to focus more sharply on the mix of services used by treatment and control trainees, the types of child care used by program participants, and the characteristics of persons in each treatment status who participated in training.

The program experience of treatment and control group members

We begin our analysis of the impacts of the MFSP programs on the receipt of education, training, and related support services by examining the proportion of the treatment and control groups who received services and the extent to which treatment group members received services at the MFSP projects as opposed to other agencies. We briefly discuss the types of organizations that served the control group. We then focus more narrowly on the impacts on the receipt of education versus skill training and on the receipt of specific types of services.

Extent of participation

Table 3.1 shows the incidence of training-program participation by members of the treatment and control groups. Overall, 82 percent of treatment group members reported that they had entered some program for education, skill training, job-search assistance, or other services during the period between their application to the MFSP program and the date of their 12-month follow-up interview. The percentage ranges from 79 percent of the treatment group at WOW to 87 percent at CET. Somewhat lower percentages reported that they had participated in the MFSP program. Between 2 and 4 percent of treatment group members at each of the sites other than WOW participated only in a program other than the MFSP program. At WOW, 10 percent of treatment group members received program services only at other programs.

A significant percentage of treatment group members—ranging from 10 percent at CET to 21 percent at AUL—reported receiving services from another program in addition to the MFSP program. Several different factors explain why treatment group members may have received services at other agencies. First, after participating in the MFSP program for a short period of time, some participants may have decided that the MFSP program was inappropriate for their needs or interests, and sought out alternative opportunities. Second, to varying degrees, the MFSP programs attempted to prepare their participants for further training. Indeed, such preparation was an explicit objective of WOW staff. Third, some participants were referred to other organizations to receive services that were actually part of the MFSP program. For example, AUL adopted a service model in which it "brokered" training services from other organizations (but typically provided basic education, child care assistance, and counseling itself). Of the approximately 100 AUL treatment group members who reported that they received services elsewhere, we estimate that half received them as part of AUL's program.[1] In most cases, the women would have continued to receive support services from AUL and remained in touch with the AUL training specialist.[2]

At the time of the 12-month interview, about 20 percent of the treatment group and 13 percent of the control group were engaged in training.[3] A somewhat lower percentage of the treatment group was still in the MFSP program at that time.

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[1] We examined the service patterns and service providers of AUL treatment group members who reported that they received services elsewhere, and we deemed that a service was part of the MFSP program at AUL if (1) the provider was one which AUL had identified as a place to which it referred MFSP program participants for training, and (2) the person reported that she had received "skill training" from that other agency. In most cases in which these two conditions were met, the person had also received basic education from AUL.

[2] We also considered the possibility that persons might have reported child care assistance as a service from a different agency, when in fact it was an MFSP program referral to an outside source for child care assistance. However, almost none of the participants who reported receiving services from other organizations reported receiving only child care assistance.

[3] It should be recalled that most interviews were administered at the 12th to the 14th month after random assignment. However, for some early sample enrollees, the interview occurred as late as the 24th month. Thus, comparisions made as of the follow-up interview must be interpreted cautiously.

The types of organizations that provided training to control group members

Members of the control group were asked to provide the name of the organization at which they received training. We have attempted to develop a classification of agencies based on the names provided by respondents, on information from telephone directories, and in some cases on consultations with CBO staff. We could not classify a large percentage of the responses (especially in Providence and Washington), and we are not confident that all of the responses that we did classify are accurate. Despite these limitations, which make meaningful cross-site comparisons impossible, several important points emerged.

First, control group members in each site used many different sources of training. In each site, the three organizations mentioned most frequently by control group members accounted for about 25 percent of the training episodes reported. The remaining training episodes were generally distributed among a relatively large number of organizations. Indeed, the average number of controls who reported each organization was approximately 2. Also noteworthy in this respect is the fact that at all sites treatment group members who went to a program other than the MFSP program mentioned many organizations that had not been mentioned by the control group.[1]

Second, programs that could be identified as government programs (e.g., WIN, JTPA, Job Corps, and the Employment Service) were an important source of assistance at all sites, but not the major source of training at any site. Of course, many programs that were not identified by respondents as JTPA programs may have been funded through local JTPA Private Industry Councils. Interestingly, programs that appear to have been adult education programs and community college programs together account for a share of training opportunities similar to the share of training opportunities provided by entities classified as government programs.

Third, nearly one-fourth of all training organizations mentioned by control group members appear to have been commercial trade schools; the proportion in this category was somewhat higher in Atlanta and Washington and substantially lower in San Jose and Providence. The available data do not enable us to determine the extent to which participation in such programs was subsidized from public funds. However, federal grants and subsidized student loans are frequently used to finance training in technical trade schools.[2]

Fourth, as shown in Table 3.1, two of the demonstration CBOs—CET and OIC—provided services to control group members despite the condition set by the Foundation that control group members not be served for a period of 30 months following their selection into the sample. The lapse involved 9 control group members at CET. Although they comprise 9 percent of all control group members who received employment-training services, they comprise less than 3 percent of the entire control group. While we would prefer that the proportion be zero or close to zero, as it is at AUL and WOW, this level of contamination is unlikely to affect the integrity of the research. The breach appears to be potentially far more serious at OIC, where the 17 control members who participated in training at OIC comprise 10 percent of the control group available for the follow-up analysis.

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[1] For example, at AUL, the 39 such places mentioned by treatment group members included 18 that were not mentioned by any control group member. The following are the corresponding figures in the other sites: CET, 20 of 36; OIC, 18 of 29; and WOW, 56 of 90.

[2] Indeed, both CET and OIC tapped into this source of funding for their MFSP trainees.

Types of training services received by the treatment and control groups

Table 3.2 presents an overview of the types of training-program services received by the treatment and control groups as of the follow-up interview. We distinguish among those who received education and/or training services (which include basic reading and math instruction, GED preparation, English as a second language, and/or skill training or on-the-job training), those who received other program services only (job-search assistance, child care assistance, or counseling), and those who did not participate in any employment-training program. We include services in all programs, not just the MFSP projects.[1]

Very substantial proportions of the treatment group—ranging from 78.1 percent at WOW to 86.1 percent at CET—reported that they had received training-program services. These treatment group members almost always reported receiving education or training services, but 2 to 5 percent reported receiving only other services, such as counseling and job-search assistance. In contrast, 31 to 36 percent of the control group members in each site reported receiving training program services. At all sites except San Jose, about 3 percent reported receiving other services only (which in most cases consisted of job-search assistance). Less than 1 percent of the control group members in the San Jose area reported receiving other services only.

Table 3.2 also shows that treatment group members who received education or training services at AUL, OIC, and WOW were relatively more likely to report receiving basic education rather than or in addition to skill training than were control group members who received services. Treatment group program participants were about as likely as control group program participants to receive basic education in the CET sample.

The reports of the services received by treatment group members appear to reflect some of the differences across sites in the emphasis of their programs. For example, a large percentage of treatment group members at OIC (35.1 percent, or over 40 percent of those who received education or training services) reported receiving only basic education, reflecting the emphasis of the OIC program on remedial

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[1] Appendix Tables C.1 and C.2 show tabulations corresponding to Tables 3.2 and 3.3 but based on data only on the MFSP program for the treatment group and on the most recent program for the control group. While those tables differ in some details from Tables 3.2 and 3.3, the basic patterns are quite similar.

Table 3.1 Participation of the treatment and control groups in employment programs

	AUL		CET	
	Control	Treatment	Control	Treatment
Percent Participating in Any Program	35.6	81.3	31.3	86.9
Percent Participating in MFSP Program	0.0	77.0	2.6[a]	84.4
Source of Service				
Treatment				
MFSP only		56.4		74.8
MFSP and other		20.9		9.9
Other only		4.1		2.2
None		18.7		13.1
Control				
1 agency	31.8		28.7	
More than 1 agency	4.0		2.3	
None	64.2		69.0	
Percent Still Receiving Program Services at 12-Month Follow-Up Interview	12.6	22.3	13.2	18.7
Percent Still Receiving MFSP Program Services at 12-Month Follow-Up Interview	0.0	10.2	0.0	13.4
Number of Observations	303	425	345	467

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Respondents were asked about services received in up to two training programs. The first program that treatment group members were asked about was the MFSP program. Services in either or both of the two programs are included in this table. Data include all services received as of the 12-month interview, which was administered at 12 months after random assignment for most, but up to 24 months after random assignment for some.

[a] These figures represent the percentage of controls who reported that they were served by the CBO (not necessarily in the MFSP program), despite the commitment of the CBOs not to serve controls for 30 months.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
32.7	85.2	32.7	78.6	33.0	82.4
10.3[a]	81.2	0.0	68.2	1.9[a]	76.5
	69.1		50.8		61.2
	12.4		17.6		15.4
	3.8		10.2		5.7
	14.8		21.4		17.6
28.2		27.3		28.7	
4.3		5.6		4.3	
67.5		67.1		67.0	
12.7	22.4	11.9	17.1	12.5	19.6
0.0	16.5	0.0	5.6	0.0	10.5
165	376	571	701	1,384	1,969

Table 3.2 Receipt of education and training services by treatment and control group members (percentage distribution)

	AUL		CET	
	Control	Treatment	Control	Treatment
Received Education or Training Services	32.3	76.2	30.7	84.6
Education and training	18.8	45.4	13.9	57.0
Education only	3.0	23.5	8.1	3.0
Training only	10.6	7.3	8.7	24.6
No Education or Training Services	67.7	23.8	69.3	19.4
Other services only	3.3	4.2	0.6	1.5
No services reported	64.4	19.5	68.7	13.9
Number of Observations	303	425	345	467

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Respondents were asked about services received in up to two training programs. The first program that treatment group members were asked about was the MFSP program. Services in either or both of the two programs are included in this table. Data include all services received as of the 12-month interview, which was administered at 12 months after random assignment for most, but up to 24 months after random assignment for some.

education as a prerequisite for skill training. At AUL, where it was also possible for treatment group members to pursue basic education and GED preparation separately from specific skill training, 23.5 percent of the treatment group (just under one-third of those who received education or training services) reported receiving basic education only. Interestingly, like participants at CET, those at WOW were very likely to view their program experience as a mixture of education and training. The EM course at WOW focused heavily on general electronics and associated math skills. The BEST course focused most heavily on brushing up basic educational skills and preparing for jobs, but included a three-week period of unpaid work experience as a form of "on-the-job" training. Thus, participants in both WOW courses gave responses about their training activities that led us to classify them as having received skill training. The CET program emphasized providing specific vocational skill training to all participants, and integrated basic education into the course work. It is perhaps surprising that as many as 3 percent of the treatment group at CET reported receiving basic education only. Table 3.2 also highlights the much greater emphasis on job training at CET relative to the other sites.

Table 3.3 presents more detailed data on the types of services received by the treatment and control groups. The services most commonly received by the treatment group were basic skills instruction (62 percent), training in a specific skill (59 percent), counseling (57 percent), and child care assistance (38 percent). While some important differences in service mix occurred across sites (highlighted later in our discussion of Table 3.4), it is important to note that treatment group members were much more likely than control group members to receive each type

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
29.1	79.8	29.6	76.0	30.4	78.8
15.8	34.3	15.4	46.1	15.8	49.8
6.7	35.1	3.2	13.7	4.8	17.4
6.7	10.4	11.0	6.3	9.8	11.6
70.9	20.2	70.4	24.0	69.6	21.2
3.6	4.8	3.3	2.1	2.6	2.8
67.3	15.4	67.1	21.8	66.9	18.2
165	376	571	701	1,384	1,969

of service at all four sites. For example, they were more than twice as likely to receive skill training and four times as likely to receive basic skills or GED instruction. This finding is not surprising in view of the intervention, but the data serve to document the extent to which the intervention increased the use of specific services among its target population.

Mix and duration of services

In this section, we focus more directly on the relative emphasis on the different types of services at each site and the duration of training, by examining the percentage of program participants who received each type of service and the duration of training for participants. (That is, persons who did not receive services are excluded from the analyses in this section.)

Mix of services

Table 3.4 highlights the substantial differences between the mix of services received by participants in the MFSP programs and the mix of services received by control group members who participated in other training programs. At all sites except CET, MFSP participants were notably more likely to receive basic education and GED preparation than were control group program participants.[1] At CET, the proportion who reported receiving basic skills instruction was about the same for

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[1] Those who reported receiving instruction in English as a second language at AUL and WOW probably misunderstood the interview question, since this course was not offered in these programs. We speculate that some respondents understood the question to ask whether they took "English." We are also puzzled by the percentage at WOW who reported GED preparation, which was not offered at WOW.

Table 3.3 Services received by sample members (percent of total sample)

	AUL		CET	
	Control	Treatment	Control	Treatment
Type of Service[a]				
Basic skills instruction	18.8	66.1	16.5	47.6
GED preparation	5.6	25.2	6.7	29.2
English as a second language	2.0	8.5	9.3	26.1
Training in specific skill	28.4	51.5	22.3	81.3
Help finding a job (JSA)	14.5	26.9	8.1	36.3
On-the-job training (OJT)	8.6	14.4	3.8	21.4
Counseling	13.9	62.1	14.5	41.5
Child care assistance	10.2	37.0	9.6	39.2
Other services	3.7	17.6	2.0	12.5
Number in Sample	303	425	345	467

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Respondents were asked about services received in up to two training programs. The first program that treatment group members were asked about was the MFSP program. Services in either or both of the two programs are included in this table. The number of valid cases for each item may differ slightly from the number in the sample due to missing data.

[a] All types of services received by sample members are recorded. Percentages may thus sum to over 100 percent.

Table 3.4 Services received by program participants (percent of participants)

	AUL		CET	
	Control	Treatment	Control	Treatment
Type of Service[a]				
Basic skills instruction	52.8	81.5	52.8	55.2
GED preparation	15.7	31.0	21.3	33.9
English as a second language	5.6	10.5	29.6	30.3
Training in specific skill	79.6	63.5	71.3	94.3
Help finding a job (JSA)	40.7	33.1	25.9	42.1
On-the-job training (OJT)	24.1	17.8	12.0	24.9
Counseling	38.9	76.5	46.3	48.1
Child care assistance	28.7	45.6	30.6	45.5
Other services	10.4	21.8	6.5	14.5
Number in Sample	108	345	108	403

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Respondents were asked about services received in up to two training programs. The first program that treatment group members were asked about was the MFSP program. Services in either or both of the two programs are included in this table. The number of valid cases for each item may differ slightly from the number in the sample due to missing data.

[a] All types of services received by participants are recorded. Percentages may thus sum to over 100 percent.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
15.9	65.1	16.1	67.8	16.8	62.1
7.3	31.6	7.4	23.6	6.8	26.8
7.9	16.0	1.9	9.9	4.5	14.6
22.0	44.4	25.8	55.1	25.0	58.5
12.8	28.5	14.0	39.6	12.5	34.0
6.7	13.1	10.0	27.3	7.7	20.4
17.7	59.0	14.4	62.2	14.7	56.7
9.1	54.5	7.6	29.5	8.8	38.2
3.1	5.4	5.8	16.2	4.1	13.6
165	376	571	701	1,384	1,969

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
49.1	77.0	48.9	86.2	50.8	81.3
22.2	37.4	22.5	30.1	20.6	32.7
24.5	19.0	5.9	12.6	13.6	17.8
67.9	52.5	78.2	70.1	75.7	71.2
39.6	33.9	42.6	50.5	37.9	41.4
20.6	15.5	30.5	34.8	23.5	24.9
54.7	69.8	43.6	79.1	44.4	69.0
28.3	64.5	23.0	37.5	26.8	46.6
10.0	6.4	18.0	20.7	12.6	16.6
54	318	188	551	458	1,617

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the two groups (just over 50 percent), as was the proportion receiving English as a second language (ESL) instruction (30 percent), while a slightly higher proportion of the treatment group program participants reported receiving GED preparation. It is also noteworthy that nearly as large a percentage reported GED instruction at CET (which emphasized skill training but also offered GED) as at OIC (which required the GED as a condition for receiving skill training).

Unfortunately, we cannot establish with confidence the reasons for the lower incidence of basic education among the control group members who participated in alternative programs in Atlanta, Providence, and Washington. Since the grade-level attainment of persons in the treatment and control groups who received services was very similar (see our discussion of the characteristics of service recipients in the treatment and control groups, starting on page 42), it is tempting to conclude that basic education was less widely available in these other programs. However, other explanations are possible, and we have no basis for assessing their validity: control group members who sought out alternative programs may have sought programs that focused on training; they may not have needed remedial education; or alternative programs may have screened out women with poor basic skills.

Treatment group program participants at AUL and OIC were somewhat less likely to report receiving skill training, job-search assistance, or on-the-job training than were control group program participants in Atlanta and Providence. In Washington, treatment group program participants reported receiving less skill training but more job-search assistance than did control group participants. In San Jose, the treatment group program participants reported receiving more services in all three categories. In keeping with the CET philosophy of training for all, fully 94 percent of the MFSP program participants at CET reported receiving skill training, as opposed to 71 percent of control group participants.

The strong emphasis on support services in the MFSP programs clearly differentiates the experience of MFSP program participants from the experience of control group members who participated in alternative education and training programs. More treatment group program participants (70 to 79 percent) reported receiving counseling in all sites except San Jose, and even there nearly half (48 percent) reported receiving counseling. The proportion of control group members who received counseling ranges from 39 to 55 percent.

At all four sites, treatment group program participants were much more likely to report receiving child care assistance than were control group program participants. (The section starting on page 38 examines in detail the child care arrangements made by treatment group program participants, and compares them with the arrangements made by control group program participants, who reported less assistance from their programs.)

In summary, among those in the treatment and control groups who received services, treatment group members were more likely than control group members to receive basic education rather than or in addition to job training and less likely to receive skill training, except at CET, which strongly emphasized that training be provided to all. Treatment group program participants were also more likely to receive counseling, child care assistance, and other support services.

The duration and timing of services

The amount of time spent in training by treatment and control group members is another important dimension of program experience, although we must interpret the comparisons cautiously. Differences in the quality of programs and their intensity (i.e., the number of class hours per day) imply that the effects of additional time spent in a program may not be the same everywhere.[1] In addition, differences in the skills of treatment and control group members who received services may imply that they proceeded through similar programs at different rates.

Table 3.5 presents the mean and distribution of the number of months spent receiving services during the year after random assignment for all treatment and control group members who received services, as well as the estimated median duration of services and the proportion of the sample still receiving services at the end of the year. (The top section of the table presents data on just the first program reported; the bottom section refers to both the first and second programs entered, where applicable.) These figures reveal that those few control group members who received services appear to have spent roughly the same proportion of the year (from five to seven months) in a program as did their counterparts in the treatment group. However, since control group participants entered a program later in the year on average, relatively more control group participants were still receiving services at the end of the year.[2]

Comparisons of the duration of program participation across the sites provide some insights into their operations. Participants at AUL were most likely to report participating in the MFSP program for less than 3 months—26 percent received 1 or 2 months of services. However, some women at AUL reported receiving services from another program that were actually services to which they were referred by AUL. When we count both programs, only 20 percent participated for less than 3 months; this proportion is the highest among the sites, but CET is close behind, with 17 percent leaving within 2 months.

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[1] The average number of days spent receiving particular services is presented in Table C.3, but we lack information both on the extent to which services overlapped and on the number of hours spent per day in each service.

[2] Tabulations of the length of the period from random assignment to the start of services (not presented) indicate that control group members started later than treatment group members. Figures C.1 to C.4 in Appendix C, which show the proportion in training each month, also indicate that control group members began training later than did treatment group members.

Table 3.5 Duration of service receipt by participants in education and training programs (months)

Measure	AUL Control	AUL Treatment	CET Control	CET Treatment
First Education or Training Program				
Number of Months in First Program in Year After Random Assignment				
1-2 months	27.1	25.9	22.0	18.8
3-4 months	22.3	27.6	31.0	19.8
5-7 months	22.3	21.5	21.0	23.3
8-10 months	16.5	9.2	13.0	19.3
11-13 months	11.7	15.7	13.0	18.8
Mean	5.3	5.4	5.4	6.4
Median	4.5	4	4	6
Percent Still Active One Year After Random Assignment[a]	40.8	17.1	44.0	19.0
Median Duration of First Program (Adjusted for Truncated Durations of Those Still Active)[b]	6	4	6	6
Number in Sample	103	293	100	378
First and/or Second Program				
Number of Months in Program(s) in Year After Random Assignment				
1-2 months	25.2	20.4	19.6	17.3
3-4 months	21.4	20.4	32.4	18.9
5-7 months	22.3	24.2	21.6	23.3
8-10 months	19.4	12.4	12.7	20.7
11-13 months	11.7	22.6	13.7	19.9
Mean	5.5	6.4	5.6	6.6
Median	5	5.5	4	6
Percent Still Active One Year After Random Assignment[a]	41.2	31.4	45.1	24.7
Median Duration of Program(s) (Adjusted for Truncated Durations of Those Still Active)[b]	7	6	7	7
Number in Sample	103	314	102	387

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTES: The first program reported was the MFSP program for members of the treatment group and the most recent program for members of the control group. However, some members of the treatment group may have reported MFSP program services as services received elsewhere (i.e., under the second program).

All months in which respondents reported receiving services from either the first or second program (or both) are counted, even if periods of service receipt were not contiguous. Because some members of the treatment group reported that they had not received services from the MFSP program but had received services elsewhere, the sample of treatment group members in the first or second training program is larger than the sample in the first program.

The sample of control group members for the first or second program can also be larger than the sample for the first program if the first (most recent) program started after the twelfth month.

[a] Includes those still active at the interview, if the interview took place in less than a year.

[b] The median time spent receiving services was estimated with the Kaplan-Meier product-limit estimator, which corrects for the fact that many persons were still receiving services at the interview.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
12.2	12.0	23.2	14.3	22.6	17.4
28.6	22.9	20.7	39.5	24.5	28.4
34.7	23.3	32.9	32.5	27.6	25.8
20.4	15.1	15.2	7.3	15.6	12.5
4.1	26.7	7.9	6.4	9.6	15.8
5.6	6.9	5.4	4.9	5.4	5.8
6	6.5	5	4	5	5
36.7	26.7	44.5	11.9	42.5	17.9
7	7	7	4	7	5
49	292	164	453	416	1,416
10.2	10.7	21.9	14.6	20.8	15.7
24.5	21.7	19.5	30.4	23.6	23.7
32.7	22.3	33.7	31.0	27.9	25.9
22.4	16.0	14.8	13.1	16.3	15.5
10.2	29.3	10.1	11.0	11.3	19.3
6.3	7.2	5.6	5.6	5.7	6.3
7	7	5	5	5	6
40.8	33.9	49.7	25.3	45.5	28.1
8	7	7	5	7	6
49	300	169	520	423	1,521

While relatively few women (14 percent) reported receiving WOW services only for 1 or 2 months, fully 40 percent reported receiving services for 3 or 4 months, a figure which is roughly consistent with the 10- or 20-week duration of WOW courses. WOW had the shortest average program duration of the four sites; very few women reported receiving services for more than 7 months.

OIC is notable for having the lowest proportion of participants who received services only for a few months, and the largest proportion who received services for the entire year. The fact that the OIC program generally required that remediation precede skill training may have led to longer program durations. When participation in any program is considered, AUL participants were the next most likely to participate for the entire year. The long periods of participation may reflect the largely sequential nature of the AUL program and/or the fact that AUL referred some women to two-year community college programs.

The average time spent receiving services in the year after random assignment underestimates the average period of time spent in the program, since the duration of services for those who were still receiving services at the end of the year is understated. It is likely that this underestimate will be more severe for the control group, since a larger proportion of control group program participants were still receiving services at the end of the year.

Estimates of the median duration that are presented in Table 3.5 address this issue. These estimates indicate the median length of time until program exit but take into account the fact that substantial numbers of participants in each group were still in training at the end of the year.[1] As expected, the estimated median program durations for control group program participants are longer than the mean durations during the first year after random assignment. For treatment group members, the adjustment affects their median program duration only slightly. Estimates of the median duration of services from the first program are very similar for the treatment and control group members in San Jose and Providence, while control group members appear to have received services from their first program for a longer period of time in Atlanta and Washington. The mean and median durations of service receipt are slightly longer when the second program is also considered.

Child care arrangements used during program participation

Our objective in this section is twofold. First, we seek to describe the types of in-program child care arrangements made by treatment group members who participated in an MFSP program.[1] The MFSP demonstration is among the few employment-training interventions to date that have both provided services to substantial numbers of women with preschool children and offered them child care assistance. Because the new JOBS program will offer training and child care assistance to many poor single mothers with preschool children, the utilization patterns observed in the MFSP demonstration provide information that may be indicative of utilization patterns under JOBS. The extent to which child care assistance was used and the types of child care arrangements that were chosen in the MFSP demonstration are thus of considerable policy interest.

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[1] We used the Kaplan-Meier product-limit estimator, which enabled us to estimate the distribution of the total amount of time spent receiving services. This estimator calculates the cumulative distribution of the duration measure, adjusting for the fact that some observed durations are incomplete. The estimate of the median duration of services was derived from this estimated cumulative distribution function. (See Appendix B for a description of the Kaplan-Meier estimator, and some caveats about its interpretation.)

Second, we wish to compare the types of child care arrangements made during training by participants in the MFSP programs with the types of child care arrangements made during training by control group members who participated in other training programs, but who reportedly did not receive as much child care assistance as was available to participants in the MFSP programs. If the characteristics of both groups of participants were similar, and if they entered programs whose intensity and duration were similar, then any differences in the child care arrangements chosen by them would reflect the effects of the offer of child care assistance made by the MFSP program. However, even in this ideal case, comparisons of participants would not take into account the fact that one of the major impacts of child care assistance may be to make program participation possible for those who would not participate otherwise. Furthermore, since relatively few control group members entered a training program at all, control group program participants may be an especially motivated or talented group, or have especially easy access to child care, and thus not be directly comparable to MFSP participants. Other aspects of the programs in which control group members participated (besides the level of child care assistance available) may also have affected child care choices. Comparisons of the two groups thus give insight into the role of child care assistance, but are not measures of its impact.

The data on the child care arrangements used by program participants during training are presented in Table 3.6.[2] In this table, we combine information on the dates of child care arrangements with information on the dates of program participation in order to describe the "primary" child care arrangements used by program participants while in training.[3] We define the in-program child care arrangement as the arrangement used during the first in-program month in which child care was used. If more than one arrangement was used, we classify the most "formal" arrangement as the primary arrangement (since no information on hours is available); the

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[1] A small proportion were served only by non-MFSP programs.

[2] More detailed characteristics of in-program child care arrangements are presented in Appendix Tables C.4 to C.8. These tables also present patterns of child care utilization for subgroups defined by the age of the youngest child and whether the mother reported receiving child care assistance from the program.

[3] See the section on child care outcomes in Appendix A, pages 121–129, for discussion on the construction of this variable.

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ordering is formal care, nonrelative care, relative care, and other care. In line with our two objectives, we first describe the arrangements used by the treatment group, and then draw some treatment-control comparisons.

In-program child care arrangements used by the treatment group

The upper panel of Table 3.6 presents the distribution of the types of child care used by all training program participants (including those who did not report using child care during the period in which they were in the program), as well as background information on the distribution of the age of the youngest child and the proportion who reported receiving child care assistance from the program.[1] The lower panel of Table 3.6 presents the distribution of child care arrangements among program participants who reported using care.

Nearly one-third of MFSP program participants did not report using any child care during their period of program participation. On the surface, this proportion appears to accord fairly well with the proportion who had only school-age children. However, a more detailed analysis (reported in Tables C.5 and C.6) indicates that 14 percent of the women whose youngest child was between 0 and 2 years of age, and 20 percent of the women whose youngest child was between ages 3 and 5, did not report using child care during the program. Some of these women were in the program only for a short period of time, and may never have established regular child care arrangements; an early version of the instrument asked only about "regular" arrangements. Comments by the interviewers suggest that some women did not view informal arrangements as "child care," and thus care by relatives and nonrelative care by friends were more likely to be underreported. Of course, errors in recall or misreported dates may also be a factor.

A larger proportion of the sample reported using child care during the program at OIC and CET than at AUL and WOW. A few factors may explain these site differences: (1) the larger proportion of women with preschool children at OIC, (2) the larger proportion of women with very brief program participation at AUL, and (3) the lower level at which formal arrangements were used at WOW, under the assumption that informal arrangements were more likely to be underreported.

About 28 percent of the program participants in the treatment group (46 percent of those who reported using care) used formal care, 12 percent (20 percent of those who reported using care) used care by nonrelatives, 21 percent (35 percent of those who reported using care) used care by relatives, and 8 percent made other arrangements or data on them were missing. The use of formal care was most common at AUL and least common at WOW, while the reverse pattern is true for the use of care by relatives and nonrelatives. Those who reported using care used formal care most frequently during the program at all sites except WOW. At least 60 percent of the program participants who reported using child care at all four sites used some form of market care (formal care or care by nonrelatives).

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[1] The question on child care assistance from the program was asked in the training section of the questionnaire, while questions on child care arrangements were asked later.

Both CET and OIC made on-site child care available during at least part of the period in which they enrolled women in the demonstration. CET used a portion of its Rockefeller Foundation grant for the MFSP demonstration to establish a Montessori Child Care Center at its main San Jose location. OIC arranged for a local for-profit child care center to open a branch in its building, and to reserve a proportion of its slots for trainees.

Approximately 25 percent of the program participants at CET (39 percent of those who reported care) reported using the CET Montessori Child Care Center at some time, a figure which includes about 70 percent of those who used formal care when they first entered the program, and some who switched to center care later.[1] In contrast, only 13 percent of the program participants at OIC (19 percent of the child care users) reported using the Roger Williams Center at OIC, a figure which is just under 40 percent of those who reported formal care arrangements.

The in-program arrangement had started by the first month after baseline for about three-quarters of the sample at AUL, CET, and OIC, but only for about half of the sample at WOW, which is consistent with the process analysis finding that arranging for child care often took longer at WOW. About 20 percent of the sample were using multiple arrangements, often combining formal care or care by nonrelatives with care by relatives. The use of multiple arrangements was somewhat more common at OIC and CET.

Treatment-control differences in the child care arrangements used by program participants

Control group members who entered programs were actually more likely to report using child care during their training than were treatment group members. More control group members may have reported care because they were somewhat more likely to have very young children (44 percent had a child younger than age 3, compared with 38 percent in the treatment group). In addition, they entered programs later in the year, on average, and were thus less prone to forget about their child care arrangements (and not to report them) because the arrangements were more recent. However, control group program participants were only about half as likely to report receiving child care assistance from the programs in which they were enrolled.

Among those who reported using care, control group program participants were more likely to use care by relatives, less likely to use formal care, and as likely or slightly more likely to use care by nonrelatives at all sites. At all sites except AUL, care by relatives was the most common mode of child care used among control group participants. Only at AUL (where non-relative care arrangements were especially rare) formal care was the most commonly reported mode of care by

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[1] The women who were served at CET offices outside San Jose did not have access to the CET Montessori Center. If we consider only the women who were served at the San Jose office, the proportions who used the center are even higher.

Table 3.6 The characteristics of child care arrangements used during programs

Characteristic	AUL Control	AUL Treatment	CET Control	CET Treatment
Among Program Participants				
Age of Youngest Child at Baseline				
0-2	41.4	39.2	38.7	38.3
3-5	26.1	25.5	23.4	25.1
6+	32.4	33.4	36.9	35.0
Missing	0.0	1.8	0.9	1.6
Percent Who Reported Receiving Child Care Assistance from a Program[a]	27.9	46.8	28.8	46.9
Type of Child Care Arrangement Used in First In-Program Month in Which Care Was Used[b]				
No child care reported during program	31.5	33.7	19.8	28.0
Formal care	29.7	38.9	23.4	30.8
Nonrelative care	4.5	4.3	18.9	10.9
Relative care	24.3	12.8	27.0	23.6
Other care arrangements[c]	0.9	1.2	0.9	0.5
Missing	9.0	9.1	9.9	6.2
Percent of Treatment Group Who Used Site-Affiliated Child Care Center[d]	n.a.	n.a.	n.a.	25.1
Number of Program Participants	111	329	111	386
Among Those Who Used Child Care While in a Program				
Type of Child Care Arrangement Used in First In-Program Month in Which Care Was Used[b]				
Formal care	50.0	68.1	33.3	47.4
Nonrelative care	7.6	7.5	26.9	16.8
Relative care	40.9	22.3	38.4	36.2
Other care arrangements[c]	1.5	2.1	1.3	0.8
Percent of Treatment Group Who Used Site-Affiliated Child Care Center[d]	n.a.	n.a.	n.a.	38.6
Month in Which In-Program Child Care Was First Used				
1st month after baseline	33.3	77.1	23.1	75.7
2nd month after	22.7	6.4	16.7	9.2
3rd month after	10.6	4.8	7.7	3.2
4th month after or later	33.3	11.7	52.6	13.1
Percent Using Multiple Arrangement(s)	18.2	18.6	19.2	24.4
Number Who Used Care When in Program	(66)	(188)	(78)	(254)

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Child care used during the first month of participation in either the MFSP program or another program is counted in this table, but the program referred to for the vast majority of treatment group participants is the MFSP program. Persons in a program only in the baseline month or after the twelfth month are counted as "not in program."

n.a. means not applicable.

[a] Because only program participants in the twelve months after random assignment are included in this table, these figures differ slightly from those in Table 3.3.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
56.0	43.8	44.4	34.8	43.6	38.4
24.0	24.8	27.3	30.2	25.7	26.9
20.0	30.7	25.7	33.7	29.4	33.4
0.0	0.7	2.7	1.3	1.3	1.3
24.0	65.0	21.4	37.8	25.1	47.3
20.0	25.5	21.4	34.8	23.3	31.1
22.0	32.0	12.8	17.7	20.5	28.2
18.0	12.7	18.7	16.9	15.3	11.9
32.0	22.2	33.2	24.0	29.4	21.2
2.0	0.7	0.5	0.6	0.9	0.7
6.0	6.9	13.4	6.0	10.7	6.9
n.a.	12.7	n.a.	n.a.	n.a.	n.a.
50	306	187	537	459	1,558
29.7	48.5	19.7	30.2	31.0	46.0
24.3	19.3	28.6	28.8	23.1	19.5
43.2	33.7	50.8	40.9	44.6	34.5
2.7	1.0	0.8	1.0	1.3	1.2
n.a.	18.8	n.a.	n.a.	n.a.	n.a.
32.4	78.2	13.1	48.6	22.4	67.6
5.4	7.9	13.1	8.9	15.2	8.3
10.8	4.0	7.4	11.7	8.6	6.5
51.4	12.4	66.4	31.7	53.8	18.8
18.9	23.2	13.9	12.6	16.8	19.1
(37)	(207)	(122)	(318)	(303)	(967)

[b] Categories are hierarchical, in that program participants who are counted in each category may also have used care in a lower category, but not in a higher category.

[c] Other child care arrangements include foster care, camp, after-school programs, or clubs.

[d] This percentage refers to participants who used the site-affiliated center at any time, not necessarily when they first entered the program.

control group members. The proportion who used market care (formal care or care by nonrelatives) ranged from 48 percent at WOW to 60 percent at CET, and was lower in all sites than among treatment group program participants. In order to render the distribution of care arrangements used by control group members similar to that used by treatment group members, shifts would have to occur largely from care by relatives to formal care at AUL, OIC, and WOW, and from care by nonrelatives to formal care at CET.

In summary, MFSP program participants used formal care to a much greater extent than did control group members who participated in other programs, evidence which suggests that the child care assistance offered by the program may have had an effect on the types of arrangements used.

In a separate analysis included as Appendix D, we also compared the types of child care used over the course of the entire follow-up year, and found that treatment group members who used care (usually while in the program) were significantly more likely to use formal arrangements than were control group members who used care (usually while working) at all four sites. Treatment group members also paid less for formal care than did control group members, although the amounts that they paid for care by relatives and by nonrelatives were similar. These findings indicate that the offer of MFSP program services increased the use of formal child care arrangements, and effectively lowered the price of those arrangements. However, we cannot draw firm conclusions from these data about the effects of child care assistance by itself, since we have no comparison group that was offered all MFSP program services except child care assistance. We might have observed some increased use of formal care even had child care assistance not been offered as part of the demonstration, since some trainees might have found subsidized care on their own.

The characteristics of treatment and control group members who received major services

An objective of the MFSP demonstration was to provide a relatively rich mix of services to minority single mothers, a group which faces many barriers to employment. The first section of this chapter has documented that this basic objective was accomplished, although a surprisingly high percentage of the control group entered a program elsewhere after being selected into the MFSP control group. An ancillary question, but one of considerable interest for understanding the impacts of the programs, is whether this richer mix of services enabled the MFSP projects to serve those who faced serious barriers to program participation in greater proportions than did other programs.

We have several reasons to expect that the women who received services from the MFSP demonstration may have been more disadvantaged, on average, than were the control group members who received services elsewhere. First, all members of the treatment group were offered an opportunity to participate in and to receive MFSP program services, while control group members, having been rejected by the MFSP program, had to take the initiative to find services elsewhere. Control group members who obtained services elsewhere may have been more motivated and/or more skilled in using community and government resources in the first place than were treatment group members who received services. In turn, these characteristics may be associated with higher levels of education and work experience, and with greater support at home from other household members, in terms of both income and child care assistance.

Second, due to limited resources and/or the contingence of funding on placement success, many government and community training programs tend to allocate their slots to the trainees who seem to be the most likely to be successful in the program, but who may in fact need it the least. The MFSP programs were unusual in that they emphasized serving women with poor basic skills, and providing basic education to those whose skills required upgrading before they could be successful at job training. Their funding did not depend on placement rates. However, all of the programs except CET referred women with very low levels of basic skills elsewhere to upgrade them.

We compared the baseline characteristics of members of the treatment and control groups who received services. For purposes of this comparison, we defined "participation" as the receipt of education or training or both. The detailed table by site is presented in Appendix Table C.9.[1]

We found few statistically significant treatment-control differences, which is not surprising in view of the small sample sizes for the control group participants in each comparison. However, the differences tended also to be quite small and exhibited no consistent patterns when the characteristics were compared at a given site. For example, in no site did we find that treatment group members who received services had younger children, less education, less work experience, and higher rates of previous welfare receipt than did control group members who received services. The control group members who received services elsewhere were quite similar to treatment group members served at the MFSP projects in terms of measured characteristics that are indicative of barriers to employment. The data thus provide no evidence that the MFSP projects served members of the treatment group who were more disadvantaged than control group members who were successful at finding services elsewhere.

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[1] In addition, we estimated multivariate models of the probability of participation separately for treatment and control group members in each site. Because these models did not contribute additional information, they are not presented.

4 The short-term impacts of the MFSP demonstration on key economic outcomes

The primary objective of the MFSP demonstration was to help single minority mothers acquire the skills necessary to obtain good jobs, in order to improve their economic self-sufficiency and enhance the well-being of their families. This chapter presents estimates of the impacts of the MFSP demonstration on the economic status of the women who applied to the program. Conceptually, the analysis is quite simple: we compare the average experiences of members of the treatment group with those of members of the control group during the period following random assignment. Since random assignment yields two groups whose characteristics are similar on average—with the exception that one was offered the opportunity to participate in an MFSP program—the experience of the control group reflects what would have happened to the treatment group had they not had the opportunity to participate. Consequently, we can draw inferences about the impacts of the program from comparisons of the experiences of the treatment and control groups.[1]

We address economic impacts from several perspectives. The first section presents estimates of the impacts of the MFSP programs on key economic outcomes in the fourth quarter after random assignment. The second section examines whether the impacts on employment were the same for all groups who participated, or whether certain subgroups benefited more (or less) than average. In the final section, we place the fourth-quarter results within the context of trends in the outcome measures over the twelve months before and the twelve months after random assignment, so as to provide additional perspective on economic status in the fourth quarter.

Economic impacts as of the fourth quarter

In this section, we present estimates of the short-term impacts of the MFSP programs on a range of economic outcomes—employment, hours, earnings, wages, whether the respondent received public assistance, total income from public assistance, and total income—measured as of the fourth quarter after random assignment. In addition, we consider impacts on the proportion of the sample who were in a training program, and the proportion who were either working or engaged in a training program, since these outcome measures offer a broader view of the number who were making economic progress. All outcome measures are defined as average monthly values during the fourth quarter of the year after random assignment. We chose the fourth quarter because it represents a balance among several considerations. Because we are interested primarily in learning about the impacts after women leave the program, we would like to use the latest possible time period in order to maximize the proportion of the treatment group who have left the program. The twelfth month after random assignment is the latest period for which we have data on most of the sample. However, we decided to focus on the fourth quarter rather than the twelfth month, because it (1) enables us to provide a more robust measure of program impacts than could an analysis of any one month, (2) facilitates drawing comparisons with other studies that have been based on quarterly data (such as the evaluations of the state work-welfare demonstrations), and (3) enables us to incorporate sample members with partially missing outcome data into the analysis.[1] Nonetheless, it should be kept in mind that many treatment group members were still receiving services from the MFSP projects during some or all of the fourth quarter.

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[1] In practice, as noted in Chapter 2, some pre-existing treatment-control differences occur due to small sample sizes and differential nonresponse to the follow-up interview. We use regression analysis to adjust for these differences. For a detailed discussion of the methodological issues involved in estimating program impacts, see Appendix E.

We have applied regression analyses to all of the estimates to increase precision and to adjust for pre-existing treatment-control differences.[2] Table 4.1 reports the regression-adjusted estimates of the average net impact of the MFSP programs on the nine outcome variables for each site.[3] The regression-adjusted mean value for the control group is presented in the first column for each site; the regression-adjusted mean value for the treatment group is reported in the second column. The regression-adjusted net impact is reported in the third column. Asterisks indicate which net impact estimates are statistically significant. The full regression results are reported in Appendix G.

Employment

We first consider the outcomes related directly to employment: the average monthly employment rate, average monthly hours worked, average monthly earnings, and average hourly wages during the fourth quarter after random assignment. A summary of these results by site follows.

AUL. The estimated net impacts on employment, hours, and earnings at AUL are negative but very close to zero and not statistically significant. The employment rate for control group members is 42.4 percent, and the rate for treatment group members is 41.7 percent. The average monthly earnings of the treatment group are estimated to be within one dollar of the $280 average earnings of control group members. Our estimate of the impact of the program on the average hourly wage, which is adjusted for selection bias because we can observe only the wages of workers, is positive, but small and insignificant.

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[1] Observations with one or two months of missing data in the quarter were included in the analysis, but were controlled for in the regressions.

[2] Tables F.1 and F.2 in Appendix F compare the unadjusted means of the outcome variables included in the regressions and other economic outcomes (including detailed income sources). Table F.1 covers employment and earnings outcomes, while Table F.2 covers sources of income. Tables F.3 and F.4 present the same data for the twelfth month after random assignment. However, data for the twelfth month are missing for about 5 percent of the sample.

[3] Table F.5 presents the results for dependent variables defined as the proportion who ever engaged in working, training, etc., during the fourth quarter, while Table 4.1 reports the average monthly proportion during the fourth quarter. (See the section on the construction of outcome measures in Appendix A, pages 121-127, for further discussion on the definitions of the dependent variables.)

CET. The estimated impacts on employment, hours, earnings, and hourly wages are all large and statistically significant for the San Jose area sample. The employment rate for treatment group members is 9.9 percentage points higher than the 36.1 percent mean for controls, a 27 percent increase. Control group members worked an average of 50.9 hours per month in the fourth quarter, while treatment group members worked an average of 67.5 hours per month, a 33 percent increase. Furthermore, the monthly earnings of treatment group members were 47 percent higher on average than were the monthly earnings of control group members, which implies not only that treatment group members were working more, but also that they were earning higher wages when they worked.

The average wage for those who were working (presented in Table F.1) was $6.05 per hour for the treatment group and $5.51 per hour for the control group. Comparisons of the wages of those who were working are sensitive to differences in the characteristics of workers in the treatment and control groups. If the demonstration had not affected the potential wages of women in the treatment group but only their decision to work, the fact that a larger proportion of the treatment group were working would tend to imply lower average wages, since more women in the treatment group with little work experience or education would be entering jobs. The fact that we find higher wages despite the larger proportion of women working provides strong evidence that the CET program actually increased wages.

We estimated the potential wages of all sample members (regardless of whether they worked) using Heckman's (1979) selection-bias correction procedure. The selection-bias-corrected estimates of wage impacts presented in Table 4.1 confirm our hypothesis that the effects on wages are understated when only the wages of those who work are compared. Our adjusted estimates indicate that the control group at CET could have earned $5.39 per hour on average, while the treatment group could have earned $6.11 per hour on average, which implies that the program led to an increase in wages of 72 cents per hour, or 13 percent of the control group base.

OIC. Our estimate of the impact of the MFSP program on the proportion employed each month at OIC in Providence is very close to zero and not statistically significant. Impacts on earnings and (selection-bias-corrected) impacts on hourly wages are positive but modest in size—earnings are 4 percent higher for treatment group members, while wages are 5 percent higher. The wage and earnings impact estimates have very large standard errors, and are thus not statistically significant. The relatively small sample size at OIC implies that we had a fairly low probability of

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Table 4.1 The impacts of the MFSP demonstration on selected economic outcomes during the fourth quarter after sample enrollment

Outcomes	AUL Control	 Treatment	 Impact
Employment and Earnings			
Average monthly employment rate	42.4	41.7	-0.7
Average monthly hours	58.9	52.6	-2.7
Average monthly earnings	$280	$279	-$1
Average hourly wage[a]	$4.82	$4.95	$.13
Public Assistance and Total Income			
Average monthly percent receiving public assistance	47.5	49.9	2.4
Average monthly public assistance income	$125	$123	-$2
Average monthly income	$561	$547	-$13
Training			
Average monthly percent in training	15.1	24.2	9.1***
Average monthly percent working or in training	53.7	61.2	7.5***
Number of Observations	303	424	

SOURCE: Baseline and 12-month follow-up interviews with MFSP program applicants.

NOTE: Estimates for each site are based on ordinary least squares regression models in which the personal characteristics and baseline attributes of the person and binary variables for the quarter of sample enrollment and research status are included. A complete list of control variables can be found in Appendix Table A.5. All estimates include individuals who were working (in training, and receiving public assistance), as well as individuals who were not working (not in training, and not receiving public assistance). The number of observations in each regression is from 1 to 6 percent less than the total, due to the exclusion of cases with missing data. See Appendix F for the detailed regression results.

detecting modest program impacts, but we can be quite confident that the program did not have large economic impacts as of the fourth quarter after random assignment. However, the large proportions still in training at OIC (see the section on training as an economic activity, beginning on page 50) suggest that impacts might be detectable after additional time passes.[1]

WOW. The point estimates of the impacts on employment, hours, and earnings are small and negative at WOW, and they have very large standard errors. The selection-bias-corrected wage impact is positive but small and insignificant. Because the sample size at WOW is much larger than at OIC, we can conclude with some confidence that, on average, the MFSP program at WOW had no impact on employment-related outcomes as of the fourth quarter after random assignment.

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[1] About 10 percent of the OIC control group (17 persons) appear to have received services from OIC (see discussion in Chapter 3). However, because this group was more likely to be in training in the fourth quarter and less likely to be working than was the remainder of the control group, this "contamination" may in fact have led us to overstate the employment impacts at OIC as of the fourth quarter.

CET			OIC			WOW		
Control	Treatment	Impact	Control	Treatment	Impact	Control	Treatment	Impact
36.1	46.0	9.9***	30.4	30.5	0.1	43.7	42.8	-0.9
50.9	67.5	16.6***	39.7	41.3	1.6	63.8	59.4	-4.4
$283	$416	$133 ***	$211	$219	$8	$347	$328	-$18
$5.39	$6.11	$.72***	$5.05	$5.29	$.24	$5.33	$5.44	$.11
55.9	55.4	-0.5	74.4	76.1	1.7	49.1	57.0	7.9
$306	$291	-$15	$290	$304	$14	$160	$189	$29
$668	$813	$144***	$661	$664	$4	$622	$635	$13
14.7	22.7	8.0***	14.8	31.6	16.8	15.8	21.4	5.6
48.5	60.2	11.7***	41.4	55.7	14.3	54.6	59.1	4.5
345	467		165	376		571	701	

[a] Impacts on average hourly wages have been corrected for selection bias because we observe only the wages of workers; Heckman's two-stage estimation procedure was used. Standard errors have not been corrected. See the section on estimating impacts on hourly wages in Appendix E, pages 212–213, for discussion.

*/**/*** The hypothesis of no impact is rejected at the 90/95/99 percent confidence levels (that is, the impacts differ statistically from zero).

Public assistance and total income

The impacts of the demonstration on both the proportion of the sample who were receiving public assistance each month and the level of public assistance income (also shown in Table 4.1) are small and insignificant at all sites except WOW, where, on average, 49.1 percent of the control group received public assistance, but fully 57 percent of the treatment group received public assistance in a given month during the fourth quarter.[1] (The average amount of public assistance income increased by roughly the same proportion.) The reason for the higher rate of public assistance receipt among treatment group members at WOW is not clear.

The average amount of public assistance received by treatment group members at CET is smaller than the amount received by controls, but the difference is modest when compared with the large earnings impacts (a benefit reduction of only 5 percent, compared with an earnings increase of almost 50 percent), and it is not statistically significant. Furthermore, the proportions of the treatment and control groups who were receiving public assistance each month at CET were essentially the same.

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[1] Our figure for public assistance income adds reported AFDC income and reported income from other public assistance programs (not including the Food Stamp Program). Similarly, the proportion receiving public assistance measures the proportion who reported receiving either AFDC or other public assistance. The major reason for combining the two income sources is that some respondents in Washington appear to have reported AFDC as other public assistance.

However, the fact that no significant impacts on public assistance occurred at CET is consistent with the existence of positive impacts on earnings. Several factors may explain the pattern observed. First, employment impacts at CET appeared only in the last few months of the 12-month observation period (see below), and many of the women who had recently taken jobs would still have been eligible for the AFDC disregards that apply during the first four months of employment; in particular, eligibility for the disregards may explain why public assistance income fell, although the proportion who were receiving public assistance did not. Second, delays may have occurred between the date on which a public assistance recipient accepted a job and the date on which her case worker learned of her change in status and adjusted her benefits accordingly. Third, at least some treatment group members who took jobs and had their public assistance benefits reduced or eliminated would have taken jobs even in the absence of the program, although those jobs may have offered lower wages; others may not have been receiving public assistance in the first place. Finally, the manner in which the income questions were asked may have led to an understatement of the impacts on public assistance.[1] Other studies of employment-training programs targeted toward low-income women have also found impacts on public assistance receipt that were smaller and/or occurred later than the employment impacts.[2]

Our measure of total income adds earnings, public assistance income (including the face value of food stamps), and income from other sources. As one might expect from the results presented above, a significant impact on total income occurred only at CET, the site at which a significant impact on monthly earnings also occurred.

Training as an economic activity

When assessing the above results, the reader must keep in mind that substantial proportions of the treatment and control groups were still enrolled in an education or training program as of the fourth quarter after random assignment. Even in the twelfth month after random assignment, more treatment group members than control group members were receiving services (see Table F.3); overall, 21.8 percent of the treatment group, compared with 13.5 percent of the control group, were still in a program. Both employment and participation in education or training are positive short-term outcomes that improve the chances of sample members to achieve economic independence in the long run; we will refer to participation in either work or training as "economic activity."

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[1] For each spell of AFDC, the respondent was asked to provide one figure for the monthly benefit amount. If a new job had led to a reduction in the amount of the respondent's grant, but she was still receiving AFDC, it is not clear what amount she would have reported. Treatment group members received slightly more AFDC than did control group members during the period in which they were engaged in training (see discussion of trends below). If those who were employed at follow-up reported an average of their AFDC grant during training and after they started working, we would underestimate the impact of the program on public assistance payments.

[2] Burtless (1989) discusses this common finding.

We thus included in Table 4.1 regression-adjusted estimates of the impact of the programs on the average monthly proportion in training in the fourth quarter. Even during the fourth quarter after random assignment, treatment group members at all four sites were significantly more likely to have been involved in some form of education or training than were control group members. The proportion of control group members in training is close to 15 percent at all four sites. The magnitude of the impacts ranges from 6 percentage points at WOW to 8 percentage points at CET and 9 percentage points at AUL, and up to 17 percentage points at OIC.

We also computed regression-adjusted estimates of the proportion working or in training for treatment and control group members. We found significant positive impacts of the MFSP program at all sites. The relative size of the impact is largest at OIC, where it reflects the very large proportion of the treatment group still in training, and smallest at WOW, where it reflects the relatively small training impact. The impact on the proportion working or in training at CET is smaller than the sum of separate impacts on the proportion working and the proportion in training, because more treatment group members than control group members both worked and were in training at some time during the quarter.

The impacts for selected subgroups

This section presents estimates of the impacts on the employment rate for key sample subgroups, along with tests of whether the impacts differ by subgroup. We examine the impacts for subgroups for two reasons. First, policymakers frequently wish to know which groups of individuals within the target population are helped the most by a particular program and which groups are helped the least. This information can be useful in tailoring training strategies to the needs of particular subgroups. In addition, in recognition of scarce resources, policymakers may seek to target program services toward those who are likely to derive the greatest benefit from them. In this context, we examine whether impacts differ by the age of the woman, her education, her previous work experience and welfare status, the age of her youngest child, and the presence of other adults in her household.

Second, analyses of whether impacts differ by subgroup may enable us to interpret why the average impacts differ by site, or why the impacts of the MFSP demonstration differ from the impacts of other employment-training programs. The subgroup categories also shed light on these issues. For example, many employment-training programs for welfare recipients have not served women with children younger than age 6; in order to compare the impacts of the MFSP programs with the impacts of these programs, it is useful to estimate the MFSP program impacts separately for women with children younger than age 6 and those without children younger than age 6.

We focus particularly on why the employment impacts at CET are so much larger than at the other sites. It is possible that differences in the characteristics of the populations served at CET and those served at the other sites or differences in the local economies, rather than differences in the programs, may generate the differences in impacts. In order to shed light on this issue, we also consider impacts for subgroup categories not relevant to targeting decisions: ethnicity, year of program enrollment, and the CET program office to which each woman applied.

The subgroup results must be interpreted cautiously, because the number of women in each subgroup is often quite small, and the standard errors of the subgroup impacts are often quite large. Separate regressions were estimated for each set of interactions (e.g., one equation with interactions between treatment status and age, and another equation with interactions between treatment status and education).[1] Two types of tests were conducted. First, we used an F-test to determine whether the differences in impacts across the subgroups were statistically significant. Second, we calculated the net impacts for members of each subgroup under the assumption that their other characteristics were average, and tested whether these net impacts differed significantly from zero. It is quite possible that the impacts for two subgroups do not differ significantly from each other, but that both differ significantly from zero.

Table 4.2 presents impacts on the average monthly employment rate for the subgroups in both the target-related categories and the non-target-related categories. For each category, the F-statistic for the null hypothesis that impacts do not vary by subgroup is first presented. A statistically significant F-statistic is evidence that the impacts do vary by subgroup. For each subgroup within a category, we first present the number of cases in the subgroup, then the predicted value for a member of the control group in that subgroup (under the assumption that all other characteristics of this person are average), and finally the net impact.

The following section discusses the results for the subgroups based on personal and family characteristics, and their implications for program targeting. The section thereafter considers the results for subgroups defined by ethnicity, year of program enrollment, and, at CET, the program location.

Impacts for subgroups defined by personal and family characteristics

In this section, we consider the impacts of the MFSP programs on employment for subgroups defined by the following characteristics: age, education, weeks worked in the year prior to enrollment, welfare status at enrollment, age of the youngest child, and the presence of other adults in the household.

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[1] Since many other employment-training programs (including the new JOBS program) are targeted specifically toward welfare recipients, we were particularly concerned about the program impacts for welfare recipients. Thus, we also estimated separate regressions for the roughly 70 percent of the sample who were receiving welfare when they applied to the MFSP programs. (In effect, this estimation is equivalent to interacting all control variables, as well as experimental status, with welfare status.) The results were essentially the same as those for the specification in which only welfare-experimental status was interacted.

The impact of the program on employment at AUL appears to increase with the extent of a sample member's previous work experience. To the extent that this increase in impacts is due to the fact that these women were more job-ready and thus more likely to have completed training and to have obtained jobs before the end of the year, this finding offers some hope that positive impacts for other women at AUL may appear later on. The findings for other types of subgroups do not exhibit either statistically significant differences or patterns which suggest that the program might have had short-term impacts for some subgroups.[1]

At CET, the impact of the program on employment differs significantly according to the age of a woman's children and whether she was receiving welfare prior to entering the program. The program impact for women whose youngest child was between age 0 and 2 at baseline is almost 19 percentage points, an increase of 56 percent over the control group base, while the impact for women whose youngest child was between age 3 and 5 is only 7 percentage points (not significantly different from zero), and the impact for women whose youngest child was older than age 6 is only 3 percentage points (again, not significantly different from zero). The estimated program impact for women who did not receive welfare when they applied to the program is essentially zero, while the program impact for women on welfare is large and statistically significant.

Among the other types of subgroups, we cannot reject the hypothesis that the impacts are equal, but the point estimates often differ greatly. The following is a summary of these patterns:

- *The estimated impacts are large and significant for women younger than age 35, but modest and insignificant for women age 35 or older.*
- *The impact of the program appears to be larger for women who had not worked at all in the year prior to entering the program.*
- *The impacts are statistically significant for women with 9 to 11 years of schooling and for women with postsecondary schooling, and large but not significant for high school graduates with no further education; essentially no impact occurs for those with less than 9 years of schooling.*

Since none of these differences is statistically significant, we cannot conclude with confidence that the differences are generated by the program rather than by random variation.

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[1] The only exception is a rather anomalous impact for the small group with less than 9 years of schooling. However, we did not find any significant difference in impacts (or any significant impacts) when we grouped women at AUL simply according to whether or not they had completed high school.

Table 4.2 Short-term impacts on the employment rate for selected sample subgroups

Site/Subgroup	Number in Subgroup Control/Treatment	Control Group Mean	Net Impact
AUL			
Age		F = 1.11	
Younger than 27	124/159	52.6	-5.97
27-34	119/177	32.6	4.96
35+	58/87	42.0	-1.93
Education		F = 3.01**	
Less than 9 years	7/17	3.20	52.1***
9-11	134/170	41.1	-2.29
12	134/190	46.8	7.88
13+	28/47	37.2	-4.69
Age of Youngest Child		F = 1.71	
0-2	120/156	34.7	5.44
3-5	78/108	49.1	-8.05
6+	101/153	46.3	-2.58
Weeks Worked[a]		F = 4.68**	
None	143/192	37.0	-6.49
26	n.a.	46.5	4.07
52	n.a.	56.0	14.6
Received Welfare		F = .654	
Yes	196/296	39.4	-2.59
No	107/128	48.9	3.09
Other Adults		F = .0600	
No	192/261	38.7	-1.22
Yes	111/164	48.6	.139
Year Randomized[b]		F = 1.09	
Year 1	72/150	50.3	.136
Year 2	142/175	45.2	3.49
Year 3	89/99	50.6	-8.33
CET			
Age		F = 1.10	
Younger than 27	160/193	36.2	11.6**
27-34	95/146	35.4	13.8**
35+	90/128	36.6	2.59

Table 4.2 Continued

	Number in Subgroup Control/Treatment	Control Group Mean	Net Impact
Education		F = 1.12	
Less than 9 years	65/104	38.4	1.67
9-11	171/206	33.9	8.90
12	86/130	35.0	12.1
13+	22/25	49.4	17.7
Age of Youngest Child		F = 3.12	
0-2	126/174	33.4	18.8
3-5	90/117	34.8	6.85
6+	123/166	39.7	3.02
Weeks Worked[a]		F = 2.16	
None	192/242	27.6	13.2
26	n.a.	44.3	6.65
52	n.a.	61.1	.138
Received Welfare		F = 5.67	
Yes	246/311	28.8	14.7
No	99/156	52.6	-.871
Other Adults		F = .0524	
No	204/266	34.4	9.41
Yes	141/201	38.3	10.6
Year Randomized[b]		F = .901	
Year 1	105/193	31.2	4.24
Year 2	92/130	29.8	12.3
Year 3	148/144	32.8	13.3
Race		F = .613	
Nonblack	289/405	37.6	8.91
Black	56/62	27.4	15.6
CET Location		F = 2.08	
San Jose	245/350	32.9	12.5
Salinas, Gilroy, Watsonville	74/93	49.2	-1.66
Oakland	26/24	28.3	18.6

Continues on next page.

Table 4.2 Continued

Site/Subgroup	Number in Subgroup Control/Treatment	Control Group Mean	Net Impact
OIC			
Age		F = 1.60	
Younger than 27	89/177	30.5	4.87
27-34	52/128	26.6	-.00137
35+	24/71	40.6	-15.8
Education		F = 1.10	
Less than 9 years	14/28	27.1	-4.27
9-11	73/174	34.2	-5.14
12	59/122	23.1	-6.38
13+	19/52	39.9	10.0
Age of Youngest Child		F = 6.05**	
0-2	86/173	21.7	10.6 **
3-5	44/93	40.2	-16.5 ***
6+	35/107	38.1	-4.01
Weeks Worked[a]		F = .223	
None	112/248	25.1	1.13
26	n.a.	41.4	-2.00
52	n.a.	57.8	-5.13
Received Welfare		F = 1.79	
Yes	145/315	27.7	2.13
No	20/61	48.7	-13.8
Other Adults		F = .0286	
No	116/287	30.3	.393
Yes	49/89	30.6	-.923
Year Randomized[b]		F = .556	
Year 1	68/172	28.3	3.18
Year 2	47/98	29.5	2.22
Year 3	50/106	31.5	-6.37
Race		F = .605	
Nonblack	64/129	27.4	4.11
Black	101/247	32.3	-2.35

Table 4.2 Continued

Site/Subgroup	Number in Subgroup Control/Treatment	Control Group Mean	Net Impact
WOW			
Age		F = .745	
Younger than 27	229/272	39.2	2.97
27-34	239/288	45.2	-3.70
35+	103/141	49.9	-2.64
Education		F = 2.36**	
Less than 9 years	33/50	37.4	3.89
9-11	302/343	36.6	4.92
12	188/236	52.7	-3.29
13+	47/72	55.1	-10.0**
Age of Youngest Child		F = .740	
0-2	222/239	41.5	1.27
3-5	161/207	43.6	-5.15
6+	176/246	46.5	.0714
Weeks Worked[a]		F = .272	
None	266/308	37.7	.218
26	n.a.	48.5	-1.74
52	n.a.	59.3	-3.70
Received Welfare		F = 1.52	
Yes	422/493	40.5	1.10
No	149/208	52.2	-6.01
Other Adults		F = .884	
No	231/321	42.2	-3.09
Yes	340/380	44.9	.805
Year Randomized[b]		F = .168	
Year 1	259/364	41.0	-.371
Year 2	219/246	41.6	-.0555
Year 3	93/91	41.7	-4.42

Continues on next page.

Table 4.2 Continued

SOURCE: Baseline and 12-month follow-up interviews with MFSP program applicants.

NOTE: Separate least squares regressions were estimated for each category of subgroups. All control variables specified in Appendix Table A.5 are included, along with the subgroup/status interactions, as independent variables. Predicted values for control group members are evaluated at the sample mean for all variables, except for the variable(s) that define the subgroup.

n.a. means not applicable.

[a] Because this variable is continuous, estimates are given for selected values only.

[b] Year 1 is November 1984 to December 1985; Year 2 is calendar year 1986; Year 3 is calendar year 1987.

*/**/*** by the F-statistics indicate that the impacts for the subgroups differ significantly from each other at the 90/95/99 percent levels of confidence.

*/**/*** by the impact estimates indicate that the impacts differ significantly from zero at the 90/95/99 percent levels of confidence.

We cannot reject the hypothesis that the impacts are the same at OIC for all subgroups considered, with the exception of those defined by the age of the youngest child. The program significantly increased employment among women whose youngest child was younger than age 3, but reduced employment among women whose youngest child was between age 3 and 5.

Although the average program impact at WOW is close to zero, impacts at that site differ significantly by the educational level of sample members. In particular, there is a positive (but insignificant) impact on the probability of working for women with less than 12 years of education, who comprise the majority of the sample. However, the estimated impact is significantly negative for women who entered the WOW program with stronger educational backgrounds. High school graduates, especially those with postsecondary schooling, were substantially less likely to be working after participating in the program than they would have been otherwise. The other subgroup impacts at WOW did not differ significantly from zero, or from each other.

At the three sites in which we find no employment impacts on average in the fourth quarter, the subgroup results provide few indications that positive results were achieved for particular subgroups. Of greatest interest is the result that women with children younger than age 3 had positive impacts at OIC; we speculate that child care was an especially large barrier for this group, and that OIC child care assistance was thus most important for them.

At CET, where average impacts were significantly positive, the overall pattern of the subgroup impacts coincides to some extent with the subgroup analyses from other studies which suggest that employment-training programs are often most likely to help the most disadvantaged.[1] The impacts of the program are larger for women on welfare, women with little work experience, younger women, and women whose children are very young. However, program impacts also appear to be larger for women with higher educational levels.

Impacts for subgroups defined by ethnicity, year of enrollment, and CET office location

The strong findings and distinctive approach to training used at CET may hold important lessons for designing employment-training programs for welfare-dependent single mothers. However, our ability to attribute the large impacts specifically to programmatic differences is limited because factors other than programmatic factors could be responsible: the high percentage of Hispanic participants, local labor-market conditions, and the unique features of the San Jose CET location (e.g., its large size, exceptionally capable staff, and close proximity and access to corporate management). Accordingly, we examined impacts by subgroups defined in terms of ethnicity, the year in which the sample member was enrolled (as a proxy for changes in economic conditions, specifically a decline in unemployment), and by the location of the CET sites (San Jose, Oakland, and Salinas-Watsonville-Gilroy combined). These results are also presented in Table 4.2.

When we examined whether the impacts for blacks differed from the impacts for others (mostly Hispanics) in the CET sample, we found that the impacts were not significantly different, and that the point estimates were actually larger for blacks in the sample. Although CET is a largely Hispanic organization, with strong ties to the Hispanic community, this finding suggests that the CET program was effective for black participants.

It is possible that the state of the local economy was a factor in the success of CET. Although unemployment in all four sites was declining during the period in which the demonstration occurred, the level of unemployment in the San Jose area was higher than at the other sites.

The estimates of employment impacts by the year of sample enrollment at CET suggest that the impacts of the program were larger in the later years, although the unemployment rate was declining. However, numerous other factors were changing as well. Furthermore, the impacts in each year do not differ significantly from each other.[2]

Because the CET program model was quite successful at increasing the employment and earnings of the treatment group relative to those of the control group by the end of the first year, it is of considerable interest to test whether the program generated impacts at all five of the CET offices to which sample members applied. Positive impacts at all offices would provide evidence that the CET program could be successful in a variety of settings and with different target populations. However, the small size of the sample in locations other than San Jose makes it difficult to draw definitive conclusions—73 percent of the sample came from San Jose, 21 percent from Salinas, Watsonville, or Gilroy, and 6 percent from Oakland.[1] We grouped observations from the offices in Salinas, Watsonville, and Gilroy because their communities are similar, and because the samples from each were quite small.

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[1] See Grossman et al. (1985), and Friedlander and Long (1987).

[2] Due to the strong collinearity between the unemployment rate and the quarterly time indicators that were included in our regressions, we could not disentangle unemployment effects from time effects due to other factors. We thus omitted the unemployment rate from our final model.

The point estimates of program impacts differ considerably by location, but we cannot reject the hypothesis that the impacts were the same in all of the locations. The impact of the program on the employment rate for the San Jose sample was 12.5 percentage points on average, a 38 percent increase over the 32.9 percent of the control group who were working in a typical month in the fourth quarter, which is statistically significant. The point estimate of the impact of the program on employment for the Oakland sample is even larger—18.6 percentage points—while the mean for the control group was only 28.3 percent. Due to the small size of the Oakland sample, a statistical test cannot reject the possibility that the large treatment-control difference there is due to chance. In contrast, the average impact of the program on women from the three rural sites—Salinas, Watsonville, and Gilroy—is negative but close to zero, and is not statistically significant. Among the control group at these sites, the estimated proportion working was 49.2 percent, much higher than at the other locations.[2]

If we had observed strong impacts among all CET locations, it would have provided strong confirmation of the broad applicability of the CET training model. While these findings suggest that the model was less effective in the outlying locations, we cannot determine whether the differences in impacts were due to differences in the programs offered in the various locations, to differences in the characteristics of the women who entered the programs, to differences in the local economies, or even to random variation.

An additional possibility, suggested by CET staff, is that no impacts on employment occurred in the outlying sites because the fourth quarter corresponded to the season in which control group members were most likely to be employed as farmworkers. Since most women applied to the program in the late fall and winter at these three program offices, the fourth quarter tended to coincide with the late summer and early fall, a busy harvest season for farmworkers. If this hypothesis is correct, we would expect to find impacts in the rural sites when additional periods of follow-up data become available, assuming that trainees moved into occupations other than farm work and worked more steadily.[1]

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[1] Because the random assignment process was applied separately at each location, we can assign not only treatment group members but also control group members to a location.

[2] Impacts on other dependent variables show consistent patterns across the locations. In particular, the rural offices show no evidence of impacts on earnings; the point estimate of the earnings impact in these locations is less than $5 per month.

A comparison of the characteristics of treatment and control group members across the CET locations clearly shows that many of the subgroup differences in impacts discussed above may be correlated with locational differences in impacts (see Table F.6). In particular, almost all sample members from Salinas, Watsonville, and Gilroy were Hispanic. They also had lower educational levels, less previous welfare receipt, and more work experience than did the sample members from San Jose and Oakland. All of these characteristics were associated with smaller employment impacts.

In order to determine the extent to which the differences in impacts that we observed at CET across subgroups defined by baseline characteristics were associated with location, we also estimated the subgroup regressions for the San Jose sample only. (The samples from the other locations were too small to permit this type of analysis.) These estimates are presented in Table F.7. When we consider only the San Jose sample, we continue to find evidence that the CET program was more effective for younger women, women whose children were younger than age 3, and women who had been receiving public assistance. However, we no longer found large differences in the impact estimates by years of education, work experience, or race, suggesting that the differences in the impacts for subgroups defined by these characteristics in the full CET sample are associated with the differences in impacts across program locations.

Trends over time in key outcomes

In order to place the experience of the treatment and control groups in the fourth quarter into a broader perspective, it is useful to examine the economic activities of both groups over the entire follow-up year, and, whenever possible, to compare them with their activities before they applied to the program. Accordingly, we present month-by-month data on trends in key outcomes in graphical form, as well as regression-adjusted impact estimates for each quarter and for the entire year.

In the first three sections, we present graphs of monthly outcome data for the treatment and control groups in each site in order to illustrate the trends that underlie the estimated fourth-quarter impacts. The first section shows the patterns by which economic activity shifted between work and training over the follow-up year, while the next two sections examine trends in employment and earnings and other outcomes.

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[1] Table F.6 indicates that some trainees in these sites were moving out of farm work and into secretarial and production jobs. (A discussion of occupational changes is also presented in Chapter 5.)

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These month-by-month trends illuminate several important points. First, the trends highlight the fact that the situation of the control group was not static; their employment and earnings improved over time. Thus, the employment and earnings of the treatment group needed to improve still more in order for the program to generate positive impacts. Second, the trends illustrate the fact that participation in the MFSP demonstration required a substantial investment of time and energy, which implied that treatment group members sacrifice employment opportunities and increase their dependence on public assistance while in the program. Third, the additional detail provided by these monthly graphs gives more insight into the timing of impacts. However, we should not use apparent trends in the first year to make extrapolations about future program impacts. The fact that the employment rate of the treatment group may have caught up with the rate of the control group by the twelfth month, for example, does not imply that their employment rate will exceed that of the control group in the future.

All of the graphs discussed in these sections present unadjusted means for the treatment and control groups within each site, and thus do not control for pre-existing treatment-control differences. However, for employment, hours, and earnings, trends in the outcome measure in the year prior to random assignment serve as an indicator of preprogram differences between the groups.

The fourth section presents regression-adjusted estimates of the impacts on earnings and public assistance income in each quarter of the follow-up year and for the year as a whole. These data allow us to measure the amount of foregone earnings and short-term increases in welfare dependence due to participating in the MFSP demonstration. We can also assess the extent to which increased postprogram earnings (reductions in welfare benefits) have offset the reduced earnings (increases in welfare benefits) during the period when most treatment group members were in the program.

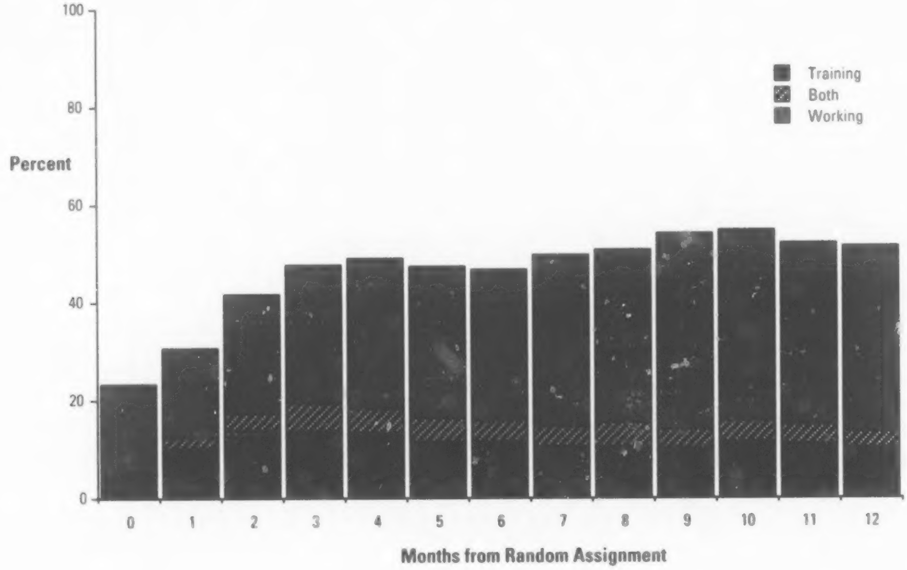
Trends in economic activity

We define "economic activity" as participation in an education or training program or employment. Figures 4.1 to 4.4 present two bar graphs for each site (one for the control group and one for the treatment group) which show the level and composition of economic activities over the course of the postbaseline year. These patterns are broadly similar across the four sites.

The economic activity of treatment group members increased abruptly as they entered the MFSP program, reaching a peak within three months at around 70 percent of the sample, and then declined gradually, but always remained much higher than the level achieved by the control group. Among the control group, economic activity tended to rise gradually for at least six months (though somewhat fewer months in Atlanta) and then leveled off or even declined slightly in the last quarter. Treatment-control differences diminished fairly steadily over the first half of the year, and then remained fairly constant.

Figure 4.1 Trends in the composition of economic activity (AUL-Atlanta)

Control Group



Treatment Group

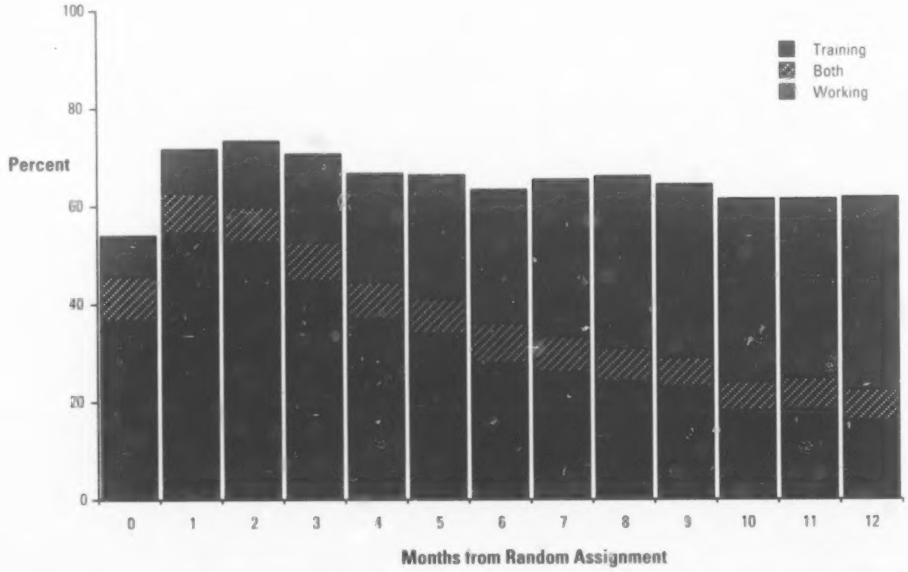
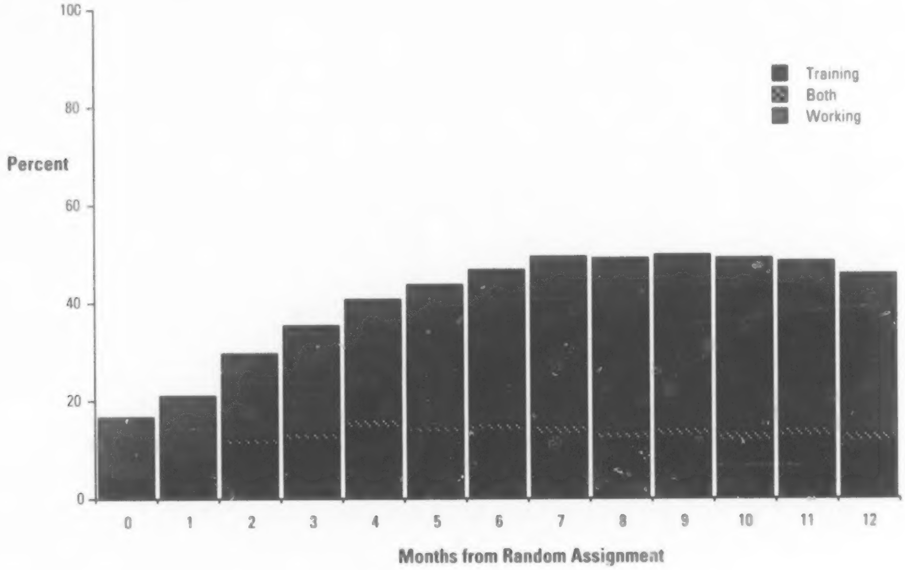


Figure 4.2 Trends in the composition of economic activity (CET-San Jose)

Control Group



Treatment Group

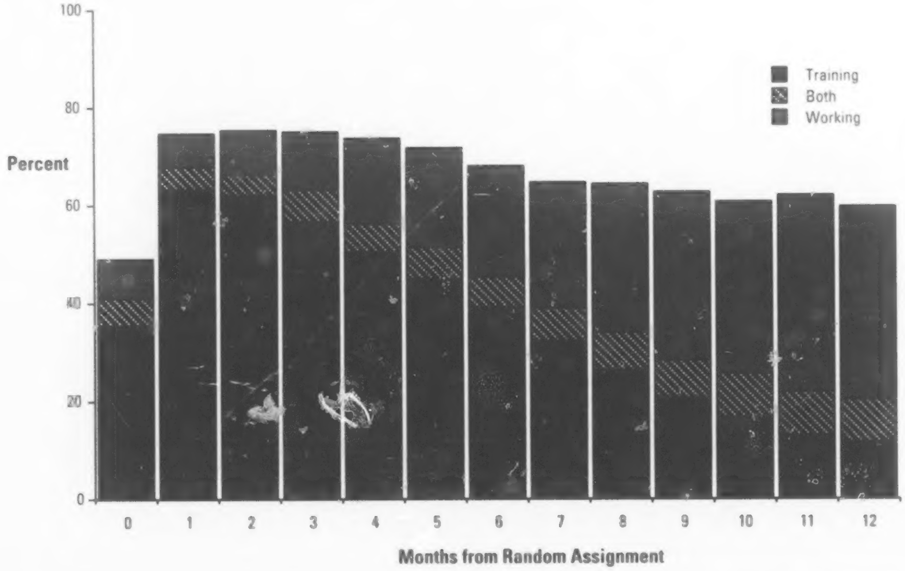
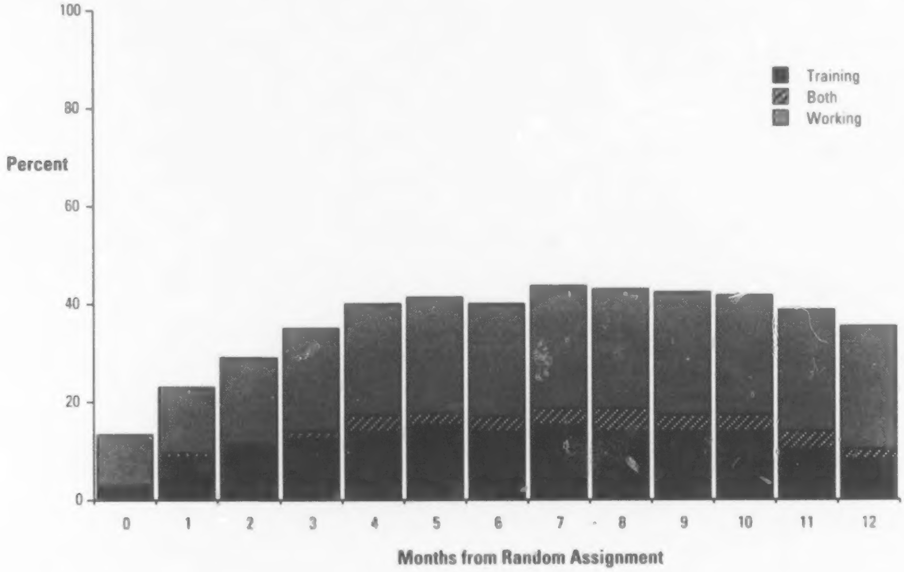


Figure 4.3 Trends in the composition of economic activity (OIC-Providence)

Control Group



Treatment Group

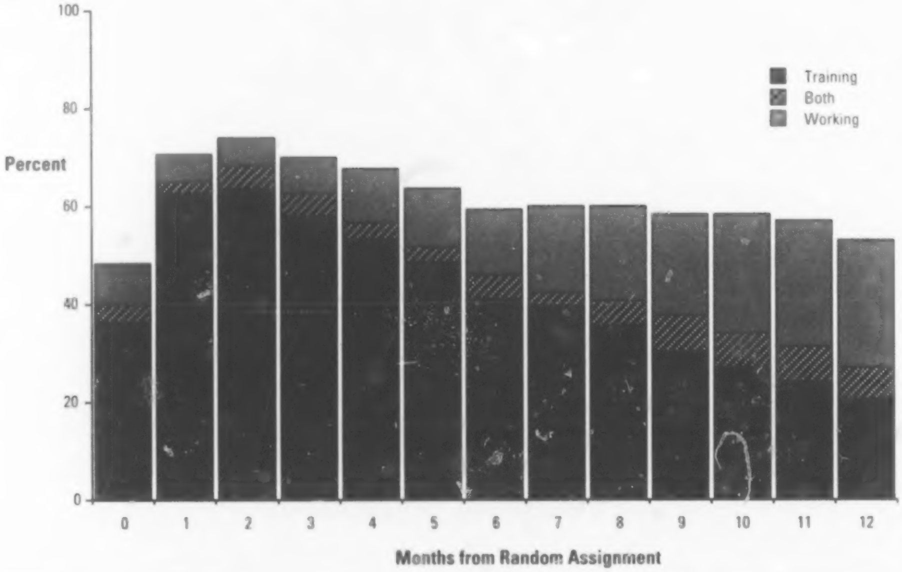
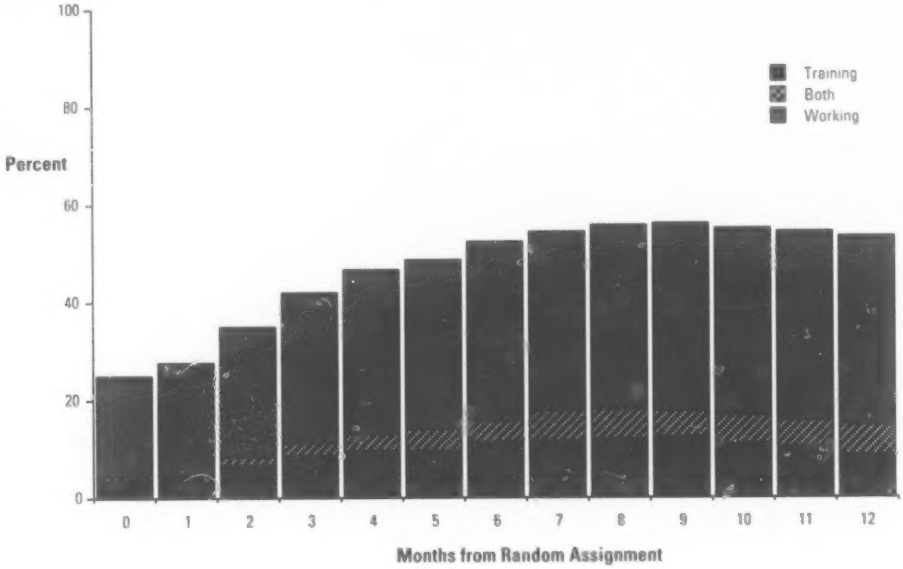
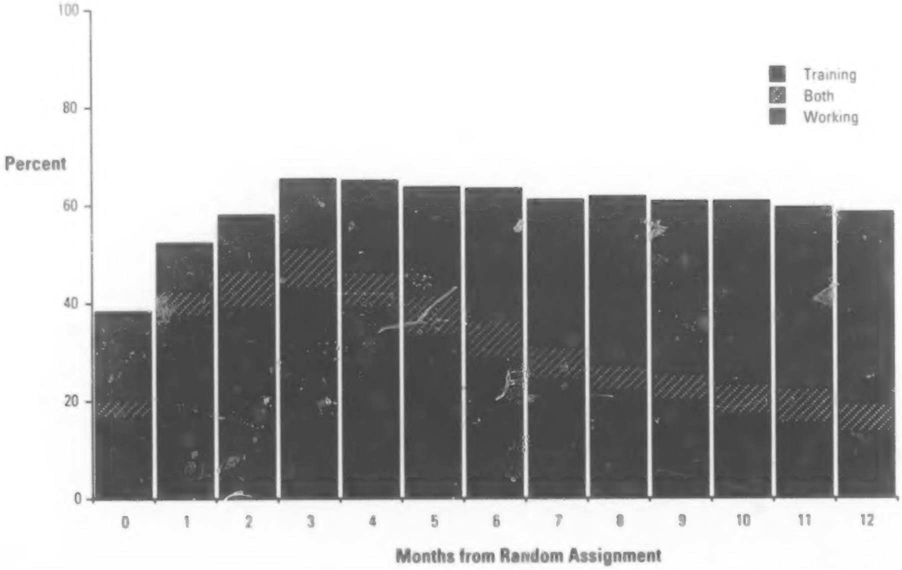


Figure 4.4 Trends in the composition of economic activity (WOW-Washington, D.C.)

Control Group



Treatment Group



The bar graphs also illustrate how the composition of economic activity shifted between training and employment for the treatment and control groups over the course of the postbaseline year. Once again, similar patterns are evident in all four sites, although the levels of the various activities differed. Among the control group at each site, both work and training activities increased gradually and then leveled off or declined slightly. Within the treatment group, the initial increase in economic activity was caused by a large increase in the proportion in training and by no change or a slight decline in the proportion employed. After the initial peak in training (which occurred in month 1 at AUL and CET, month 2 at OIC, and month 3 at WOW), training declined very steadily over time, and work increased, thus largely compensating for the decline in training.

Nontrivial proportions of the treatment group (5 to 10 percent, in general) were both working and in a training program in any given month in each site (while the combination was rarer among controls). The proportion in both training and employment increased over time at CET and OIC, but no clear pattern emerged at the other sites.

Trends in employment and earnings

Trends in the proportions of treatment and control group members who were working in each site are illustrated in the upper portion of Figures 4.5 to 4.8. All four figures show that the proportion who were employed was fairly stable until about four months before the women applied to the demonstration, after which it declined steadily, until reaching its low just before random assignment. Before the prebaseline decline, the employment rates were 31 to 35 percent at AUL and WOW, 28 to 32 percent at CET, and approximately 20 percent at OIC.

In all four sites, the level of employment for both treatment and control group members increased after baseline to a level that was higher than in the previous year. Employment for control group members increased gradually, and then leveled off in the last quarter (or before) or declined slightly. Among the treatment group, the employment level remained below that of the control group for most of the year, as treatment group members were foregoing work in order to be in the program. Employment remained flat or declined slightly among treatment group members in the first month after baseline, and then increased at a fairly steady rate for the rest of the year. The trend in employment among the treatment group then tended to overtake the trend for the control group. At CET, treatment group members overtook control group members in the eighth month, and they were substantially more likely to be employed by the end of the year.[1] The treatment group overtook the control group in the last quarter at OIC, but not by a large enough amount that the difference was statistically significant, while at AUL and WOW the two groups exhibited roughly equal employment rates by the end of the year.

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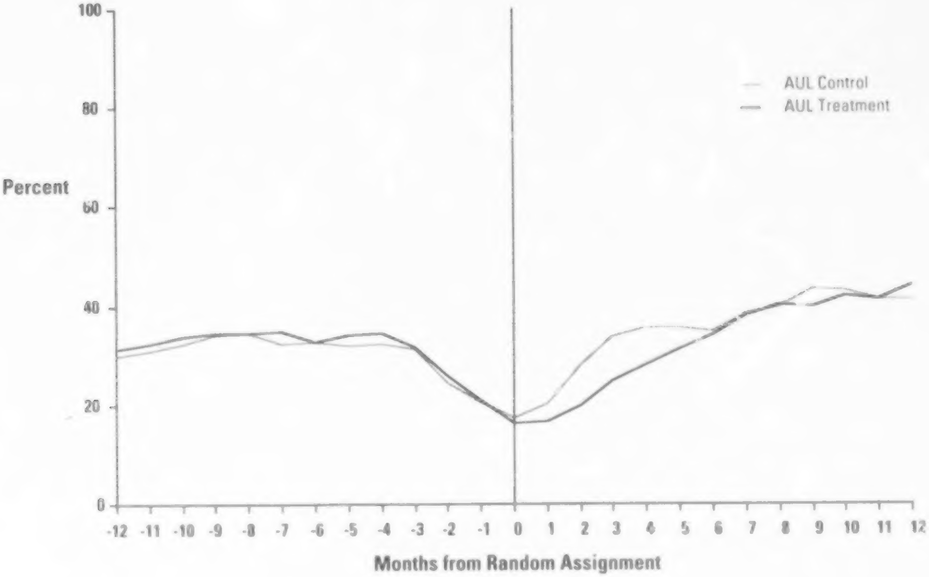
[1] Thus, if we focused on the twelfth month after random assignment, our impact estimates would be larger.

Figure 4.5 Trends in employment and earnings (AUL-Atlanta)

Percent Employed



Monthly Earnings

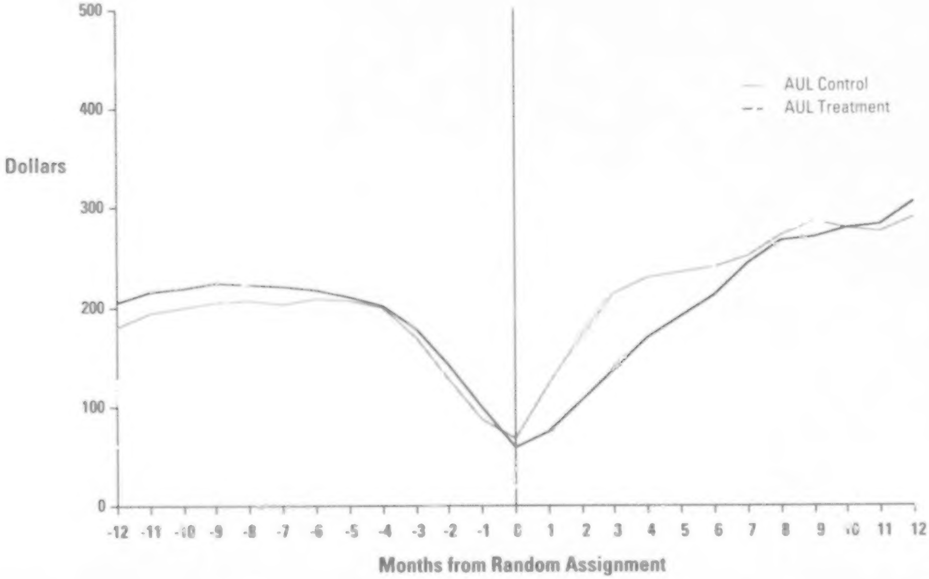
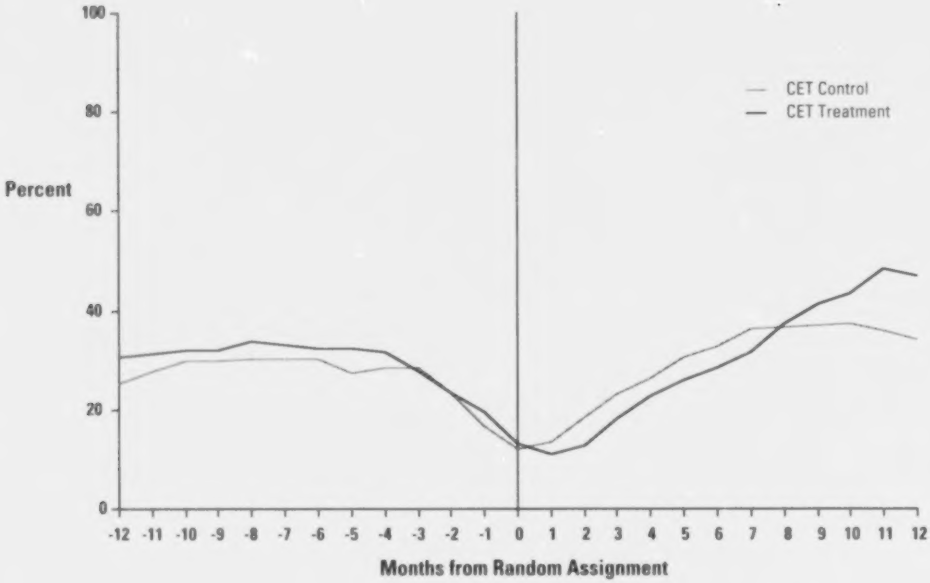


Figure 4.6 Trends in employment and earnings (CET-San Jose)

Percent Employed



Monthly Earnings

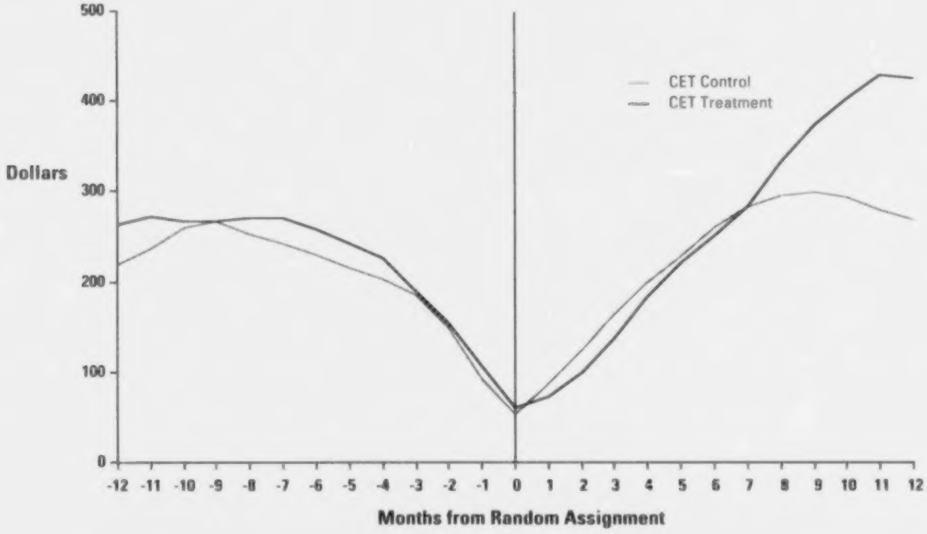


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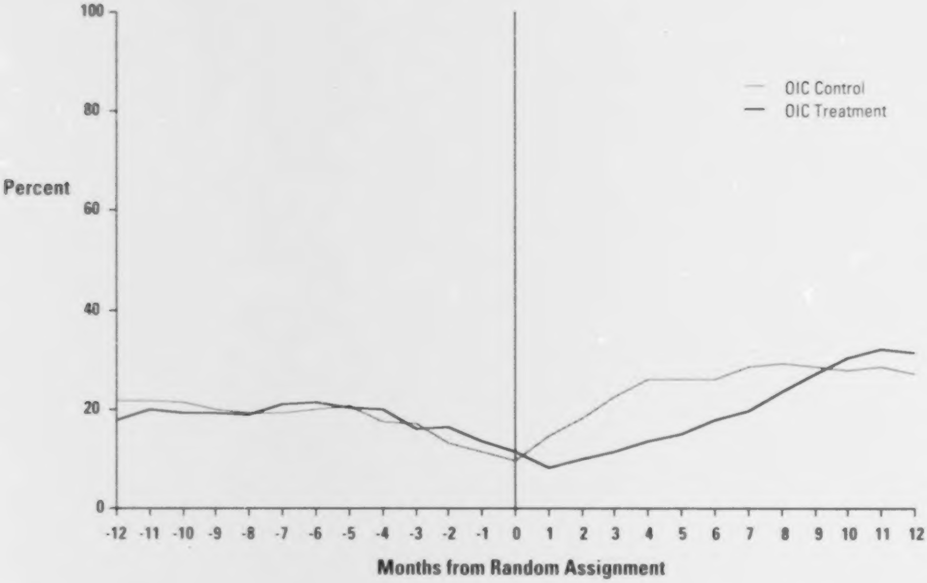
Figure 4.7 Trends in employment and earnings (OIC-Providence)

Percent Employed



Monthly Earnings

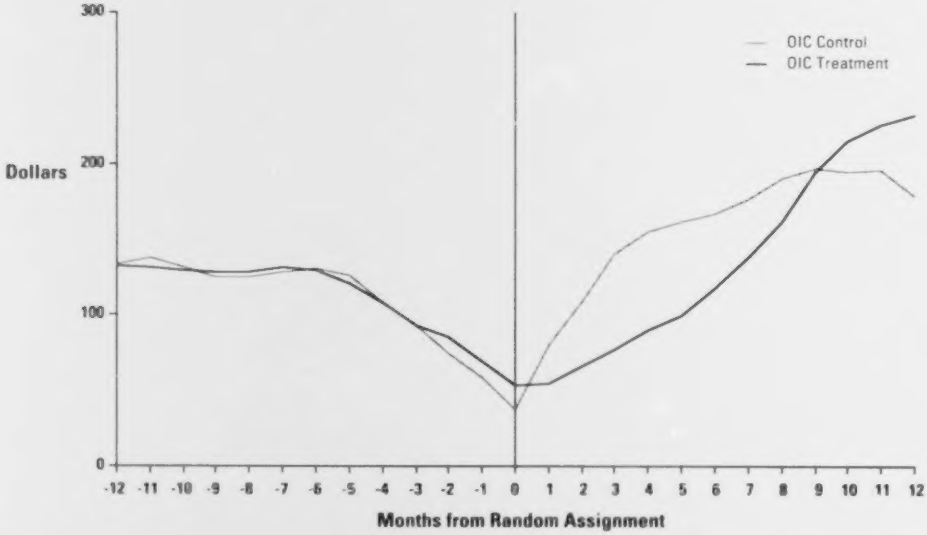
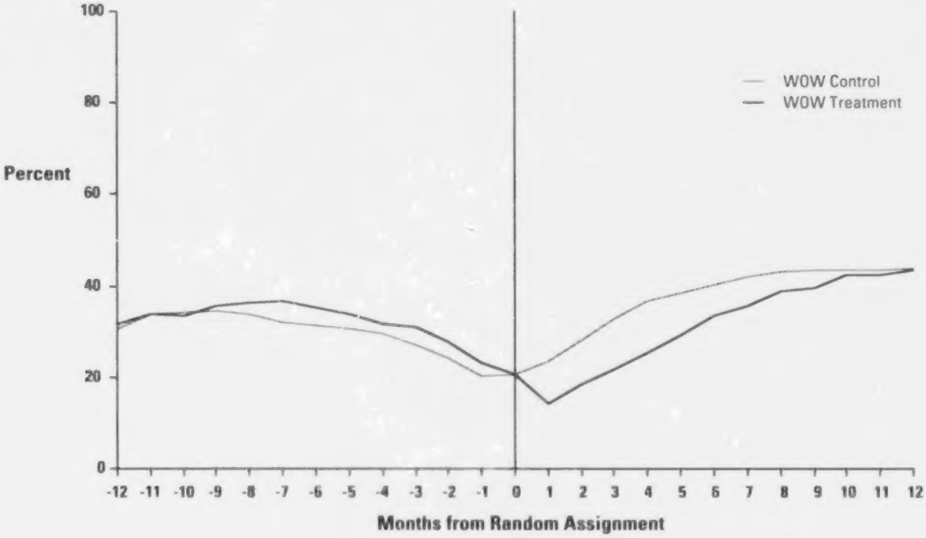
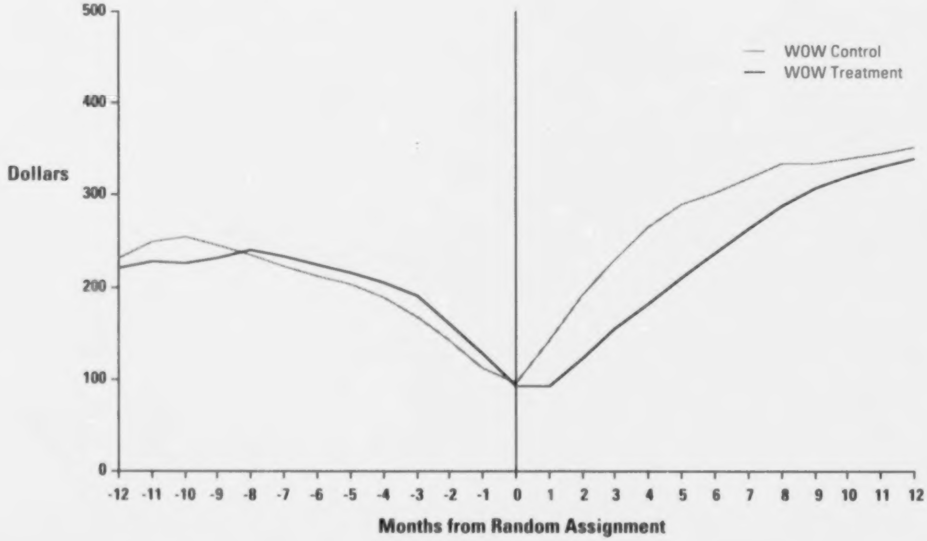


Figure 4.8 Trends in employment and earnings (WOW-Washington, D.C.)

Percent Employed



Monthly Earnings



It should be noted that the large impacts at CET serve to move the proportion employed as of fourth quarter only slightly above the level observed for both the treatment and control groups at WOW and AUL, where we did not detect impacts.

These trends in the proportion working may mask considerable job turnover among individual sample members. Baseline data indicated that most sample members had histories of intermittent labor-force participation, due in part to the instability of the low-skill jobs for which they were qualified (see Burghardt and Gordon, 1988). Table F.3 provides some indications that high turnover remained a problem for members of the treatment group. In particular, a comparison of the percentage of treatment group members who worked at some time during the postbaseline year with the percentage who worked in the 12th month suggests that 12 to 18 percent (depending on the site) had worked at some point during the year, but were not working in month 12.

Graphs which show the average monthly earnings of the entire sample in the year prior to and the year after random assignment are included in the lower portion of Figures 4.5 to 4.8. The graphs of earnings show very much the same patterns as do the graphs of the proportion employed, except at CET, for which the earnings impacts are clearly larger than the employment impacts.[1]

Trends in other outcomes

Appendix F presents graphs of the trends in the proportion receiving public assistance, public assistance income, and total income in each site in the twelve months after random assignment (Figures F.5 to F.8). While slightly more treatment group members received public assistance than did control group members during the early months of the year, when most treatment group members were in the program, the rates of public assistance receipt for the treatment and control groups were approximately equal by the end of the year, except at WOW, as noted earlier. The total incomes of the treatment and control group members tended to be similar throughout the year; control group members had slightly higher incomes in the early part of the year, and treatment group members had slightly higher incomes by the end of the year, except at CET, where the incomes of treatment group members by the end of the year were substantially higher because their earnings were higher.

Average impacts over the entire year

One of the features of the MFSP demonstration that is highlighted in the graphs of trends in employment and earnings is that MFSP program participation required a substantial investment of time, during which some of the participants would have been working otherwise. Participants sacrificed earnings in order to participate, a sacrifice offset only partially by increased public assistance. This is in sharp contrast to interventions which provide job-search assistance as their major service, such as the work-welfare demonstration programs; these programs have typically realized positive employment and earnings impacts in the first or second quarter after random assignment. This initial sacrifice in earnings will be important in assessing the benefits and costs of the MFSP projects from the perspectives both of society as a whole and of participants. The implication of these initial earnings sacrifices is that these projects must generate larger average impacts than the work-welfare demonstrations in order to be financially worthwhile for participants, and cost-effective from the perspective of society.[1]

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[1] Figures F.1 to F.4 in Appendix F show the trends in average monthly hours of work, which are very similar to the trends in earnings.

While the graphs of trends over time indicate that substantial up-front earnings losses were experienced from MFSP program participation, they do not indicate the magnitude of these losses, nor the extent to which postprogram impacts had offset these losses by the end of the first year. Accordingly, we calculated regression-adjusted estimates of average earnings and public assistance benefits received by treatment and control group members in each quarter of the year after random assignment, along with estimates of the net program impacts (treatment-control differences). These estimates are presented in Table 4.3. In addition, Table 4.3 presents impacts on earnings and public assistance income over the entire follow-up year.

Not surprisingly, at the three sites in which no significant earnings impacts occurred in the fourth quarter, the impact of the program on earnings over the course of the entire follow-up year is negative. The earnings loss over the year ranges from $343 at AUL (12 percent of the control group mean) to $494 at OIC (23 percent) to $615 at WOW (18 percent), and is statistically significant at OIC and WOW. In contrast, treatment group members at CET experienced net earnings gains of $359 on average over the course of the follow-up year (which was 13 percent of the control group mean), although these gains were not quite statistically significant at conventional levels. The magnitude of the earnings gains in the later months of the year was large enough to offset losses in the earlier part of the year (which were smaller than in the other sites). It should also be noted that positive earnings impacts occurred at CET as early as the third quarter (although they were not significant).

Our graphs of trends in public assistance suggest that treatment group members received more public assistance over the course of the year than did control group members, and the regression-adjusted estimates in Table 4.3 confirm this suggestion. However, the treatment-control differences in public assistance income are small and not statistically significant, except in Washington, D.C., where treatment group members collected an average of 20 percent more public assistance than did control group members over the course of the year.

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[1] The gross costs of providing the MFSP program services were also larger than the costs of the work-welfare programs (see Handwerger and Thornton, 1988).

Table 4.3 Impacts on quarterly earnings and public assistance benefits over the follow-up year

	AUL		
Measure/Time Period	**Control**	**Treatment**	**Impact**
Quarterly Earnings			
Quarter 1	$503	326	-177 ***
Quarter 2	$712	573	-139*
Quarter 3	$812	778	-34
Quarter 4	$840	836	-4
Total Earnings			
Quarters 1-4	$2,857	2,514	-343
Quarterly Public Assistance Income			
Quarter 1	$387	414	+27
Quarter 2	$402	415	+13
Quarter 3	$389	390	+1
Quarter 4	$376	370	-6
Total Public Assistance Income			
Quarters 1-4	$1,555	1,591	+36
Number of Observations	303	424	

SOURCE: Baseline and 12-month follow-up interviews with MFSP program applicants.

NOTE: Estimates for each site are based on ordinary least squares regression models in which the personal characteristics and baseline attributes of the person and the binary variables for the quarter of sample enrollment and research status are included. A complete list of control variables can be found in Appendix Table A.5. All estimates encompass individuals who were working (receiving public assistance), as well as individuals who were not working (not receiving public assistance). Quarterly estimates do not sum to annual estimates, because observations with missing data on individual quarters were excluded from the annual estimates, but not from the estimates for the non-missing quarters.

*/**/*** Treatment-control difference is significantly different from zero at the 90/95/99 percent levels of confidence.

CET			OIC			WOW		
Control	Treatment	Impact	Control	Treatment	Impact	Control	Treatment	Impact
$390	287	-103 *	$350	189	-161 **	$555	375	-180 ***
$691	637	-54	$510	296	-214 ***	$861	632	-229 ***
$864	991	+127	$599	482	-117	$990	862	-128 *
$849	1,248	+399 ***	$634	659	+25	$1,040	985	-55
$2,803	3,162	+359	$2,112	1,618	-494 *	$3,459	2,844	-615 **
$1,031	1,055	+24	$907	961	+54	$517	629	+112 ***
$956	1,034	+78	$909	980	+71	$517	629	+112 ***
$936	965	+29	$894	956	+62	$504	595	+91 ***
$917	873	-44	$871	913	+42	$481	568	+87 **
$3,831	3,937	+106	$3,585	3,814	+229	$2,021	2,419	+398 ***
345	467		165	376		571	701	

5 Supplementary analyses of labor-market experience and training outcomes

The 12-month interview contains a wealth of information on the work and training experience of the MFSP sample members, beyond the information used to compute the net impacts presented in the preceding chapter. Selected data that further illuminate the main net impact findings are presented in this chapter.

This chapter presents three different types of information. First, we present information on the labor-market experience of sample members, including the quality and types of jobs held, as well as information on the stability of the jobs, job-search experience, and reasons for not working during periods in which the women were out of the labor force. Of course, the relatively short 12-month follow-up period and the fact that many of the sample members were still in training at the end of that period necessarily impose some important limitations on our ability to analyze transitions into jobs and job stability. An analysis of the currently available data nevertheless provides important information about the early postprogram experience of some of the women.

Second, the interview contains data on participation in GED programs and some information on the outcomes of that participation. Again, these data are subject to serious limitations for the purpose of determining the impacts of the program on GED attainment, but they do provide early evidence on the extent to which the MFSP programs promoted GED attainment.[1]

The third topic covered in this chapter is the perceptions of participants about their program experience. Did the programs fulfill their expectations? In what ways did the participants find the programs useful? The descriptive information on the assessments of participants about their program experience provides additional perspective on the estimated net impacts.

The analysis presented in this chapter describes the experience of sample members, and in some cases compares the experience of subgroups within the treatment and control groups. It is important to bear in mind, however, that the treatment-control comparisons should not be viewed as net impact estimates when they are based on subgroups defined according to characteristics that reflect the personal choices of sample members after random assignment as opposed to the preprogram period—for example, participation in a training program or in the labor market during the follow-up period. In these cases, the characteristics of the treatment and control sample members being compared are not necessarily the same on average, as is the case with comparisons that involve the entire treatment or control sample (or subgroups defined in terms of preprogram characteristics).

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[1] The 30-month interview obtains the information necessary to compute net impacts on GED attainment, which will be presented in the report on the 30-month MFSP program impacts.

Job stability and job quality

In this section, we present additional data on the labor-market experience of MFSP sample members during the period between the baseline and 12-month follow-up interviews. Our objective is to describe labor-market experience in terms of job-holding patterns, job-search experience, reasons for remaining out of the labor force, and the characteristics of jobs held.

These tabulations cover the entire period from the baseline to the follow-up interviews, which exceeded twelve months for most of the sample. We chose this time frame for this part of the analysis in order to include the largest number of cases possible. The questions on job characteristics were asked only in reference to the current or most recent job as of the follow-up interview, which for some respondents started more than twelve months after baseline. Furthermore, questions about job search and reasons for not working also covered the entire period between the baseline and the 12-month follow-up interviews.

Job-holding patterns and job search

Table 5.1 summarizes the data on job-holding patterns and job search during the period between the interviews. Across all sites, approximately 60 percent of the sample had looked for a job during the period, and the period(s) of search totaled about 6 months on average. For both variables, the means for the control group were slightly higher than the means for the treatment group, reflecting the fact that more treatment group members were participating in an employment and training program. The patterns differ somewhat by site; the percentage who looked for work is higher in Atlanta and Washington and lower in San Jose and Providence.

The proportions of each group who worked during the period were generally quite similar to the proportion who had looked for a job. Just less than 60 percent of the sample worked at some time. However, the data also suggest that many sample members moved from one job to another and/or left the labor force after a period of employment. For example, over one-fifth of the sample (one-third of sample members who had held a job) had worked but were not working at the time of the interview. To be sure, some of those who had stopped working may have been between jobs. In fact, about one-fifth of the sample had held more than one job during the period from the baseline to the 12-month follow-up interview. Longer observation periods and a more thorough analysis will be required to fully understand the job-holding patterns of sample members, their movements into and out of the labor force, and the influence of training on those patterns.[1] However, these tabulations do suggest that many MFSP sample members continued to experience difficulties in finding and holding good jobs during the period after they applied to the MFSP programs.

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[1] We plan such an analysis when the 30-month interview data are available.

Responses to a question which asked for the primary reason for not working during periods since baseline show some interesting patterns. At AUL, CET, and WOW, the answers that were provided most frequently to that question ("could not find a job" or "lack of experience or skills") seem to indicate that the respondent was unemployed or discouraged, while at OIC the major reason cited for periods of not working was child care responsibilities, and far fewer cited problems with finding a job. In all sites, treatment group members were naturally much more likely than control group members to report that they were not working because they were in school or training. The reasons for not working that treatment group members cited relatively less than control group members (because they cited training more often) varied from site to site. At AUL, fewer treatment group members than control group members stated they could not find a job, and slightly fewer mentioned child care responsibilities. At CET, fewer treatment group members cited a "lack of experience or skills." At WOW, no response category stands out. At OIC, in contrast, substantially fewer treatment group members than control group members cited problems with child care as the reason for not working.

The characteristics of the most recent job—wages, occupation, and fringe benefits

Table 5.2 presents data on the characteristics of the current or most recent job held by sample members as of the 12-month follow-up interview. Because these questions were asked only of sample members who had worked at some time since the baseline, treatment-control differences should not be interpreted as net impacts.

The average wages of the most recent job were similar to the wages measured during the fourth quarter (see Table F.1). Treatment group members who were working earned higher wages at all sites; the largest difference occurred at CET, where treatment group members earned about 9 percent more than did control group members who worked. The treatment group members at CET also worked more hours per week than did control group members (37.2 versus 35.3).

The MFSP program appears to have had little effect on the distribution of occupations at AUL, where service, clerical, and sales jobs predominated. At CET, the program appears to have led to substantial shifts from farm work (the bulk of the handler, helper, and laborer category appears to have constituted farm work) and service jobs into clerical and production jobs. Treatment group members at OIC were more likely to be in professional/technical and clerical jobs, and less likely to be in sales, health services, and, to some extent, skilled trade or production jobs than were control group members, although the small sample at OIC necessitates caution in concluding that these differences represent the effects of the program. The WOW program appears to have had little effect on the number of women in

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Table 5.1 Job search, job-holding patterns, and reasons for periods not working

Measure	AUL		CET	
	Control	Treatment	Control	Treatment
Percentage Who Looked for Work Since Baseline	71.0	62.1	53.9	46.5
Average Number of Months Looking for Work in 12 Months after Baseline (for Those Who Looked)	6.4	5.4	6.0	4.8
Percent Who Worked Since Baseline	63.7	60.9	53.0	62.7
Working at interview	37.0	38.1	29.3	43.3
Not working at interview	26.7	22.8	23.7	19.4
Number of Jobs Held Since Baseline				
None	36.3	39.1	47.0	37.3
1	38.0	37.0	37.4	42.2
2	16.8	18.1	13.3	15.6
3	5.6	4.2	2.0	4.5
4+	3.0	1.7	0.3	0.4
Mean[a]	1.6	1.5	1.3	1.4
Main Reason for Not Working, During Periods Not Working Since Baseline				
Worked since baseline	6.9	6.1	4.9	4.3
Missing	0.3	1.4	1.2	4.1
Could not find a job	32.3	23.3	29.9	28.1
Lack of experience or skills	5.6	6.4	12.2	5.8
Did not want to work	2.0	2.6	1.5	2.1
In school or training	10.9	22.4	9.6	22.1
With a job but not working[b]	0.3	1.9	1.5	1.7
Pregnant	2.3	2.4	6.1	5.6
Child care responsibilities/could not find child care	22.8	18.8	15.9	13.7
Other family responsibilities	1.7	1.9	1.7	2.1
Illness/disability	7.9	6.1	2.6	3.9
Personal problems[c]	0.3	0.7	2.0	1.7
Other reasons[d]	3.6	4.3	6.1	3.0
Multiple reasons	3.0	1.9	4.9	1.9
Number of Observations	303	425	345	467

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Data in this table refer to the entire period from the baseline to the 12-month follow-up interviews (except for months spent looking for work).

[a] Mean for those who had worked since the baseline interview.

[b] With a job but not working includes respondents on vacation, waiting to start a new job, or working intermittently on an as-needed basis.

[c] Personal problems include drug problems, death in the family, and landlord problems.

[d] Other reasons include not wanting to lose benefits, lay off, lack of transportation, and waiting for an opening in a training program.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
54.6	42.8	64.6	64.1	62.1	55.4
4.5	5.0	6.3	5.8	6.1	5.4
48.5	45.2	64.6	62.5	59.6	58.9
26.1	29.0	42.0	38.7	35.8	37.8
22.4	16.2	22.6	23.7	23.4	21.1
51.5	54.8	35.4	37.4	40.4	41.0
29.1	30.3	41.5	43.2	38.2	39.2
15.8	11.2	18.2	13.6	16.4	14.6
3.0	2.9	4.2	5.0	3.8	4.3
0.6	0.8	0.7	0.7	1.2	0.9
1.5	1.4	1.4	1.4	1.5	1.4
4.2	4.3	7.7	6.6	6.4	5.5
0.6	0.5	2.3	1.4	1.4	1.9
11.5	10.4	26.8	26.3	27.0	23.0
6.7	6.1	6.8	8.1	7.9	6.8
2.4	1.9	2.5	1.9	2.1	2.1
11.5	27.1	5.6	14.4	8.5	20.4
0.0	0.5	0.4	0.4	0.6	1.1
4.9	5.9	4.2	2.9	4.3	4.0
45.5	30.6	22.9	22.5	23.8	21.2
0.6	1.6	1.9	1.7	1.7	1.8
4.9	5.3	7.2	5.7	5.9	5.3
0.6	1.3	0.9	1.4	1.0	1.3
6.7	2.9	3.7	2.7	4.6	3.1
0.0	1.6	7.2	4.0	4.8	2.6
165	376	571	701	1,384	1,969

Table 5.2 Characteristics of the current or most recent job

	AUL		CET	
Characteristic	**Control**	**Treatment**	**Control**	**Treatment**
Average Hourly Earnings in Most Recent Job[a]	$4.79	$4.86	$5.56	$6.07
Average Hours Worked per Week in Most Recent Job[a]	34.9	33.1	35.3	37.2
Occupation of Most Recent Job[b]				
Missing	0.5	1.5	1.6	1.0
Manager/professional/technical	4.7	5.4	2.7	2.7
Sales	20.2	16.2	8.7	5.5
Secretary	5.7	7.3	1.6	10.2
Other administrative support	24.4	24.7	26.2	35.5
Private household worker	0.5	0.0	2.2	0.7
Protective service	2.6	1.9	0.6	0.3
Food and beverage preparation and service	14.0	9.6	7.7	3.8
Health service	6.7	3.1	4.4	3.4
Cleaning and building service	7.8	15.8	6.6	4.8
Personal service	2.1	3.5	2.7	1.4
Farming or agriculture-related	0.0	0.0	3.3	0.3
Mechanic, construction, or craft	1.6	2.3	3.3	3.4
Production	5.2	4.6	9.8	13.3
Transport	0.5	1.5	0.6	0.7
Handler, helper, or laborer	3.6	2.3	18.0	13.0
Military	0.0	0.0	0.0	0.0
Type of Employer in Most Recent Job[b]				
Missing	1.0	0.7	0.6	0.3
Private company or individual	76.7	82.6	89.1	86.7
Federal, state, or local government	17.1	13.5	8.7	10.9
Self-employed	5.2	1.9	1.6	1.7
Other	0.0	1.2	0.0	0.3
Percent Receiving Benefits in Most Recent Job[b, c]				
Health benefits	31.6	29.3	27.9	34.5
Paid sick leave	27.5	30.5	22.4	31.1
Paid vacation	36.8	37.8	21.3	33.8
Pension plan	19.7	21.6	10.4	14.7
Child care assistance	2.0	2.7	2.2	2.1
Number Who Worked Since Baseline	193	259	183	293

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Data in this table refer to the entire period from the baseline to the 12-month follow-up interviews.

[a] Average for those who worked since the baseline interview.

[b] Percentages of those who worked since the baseline interview.

[c] Respondents could report multiple benefits. Percentages may thus add to over 100 percent.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
$4.88	$5.10	$5.25	$5.42	$5.18	$5.41
32.9	33.4	34.9	34.0	34.8	34.5
0.0	1.8	0.0	0.9	0.5	1.2
3.8	10.0	6.0	5.7	4.9	5.5
12.5	5.9	17.3	13.0	15.6	10.8
2.5	10.6	12.5	8.2	7.5	8.9
23.8	27.1	21.4	24.6	23.4	27.7
0.0	0.6	0.5	0.7	0.8	0.5
0.0	0.0	4.9	2.3	2.9	1.4
2.5	4.1	9.8	8.0	9.6	6.7
20.0	14.1	7.3	5.0	7.8	5.5
2.5	2.9	12.7	16.9	9.2	11.5
2.5	1.2	2.2	3.2	2.3	2.5
0.0	0.0	0.3	0.7	0.9	0.3
6.3	2.4	1.1	3.9	2.2	3.2
18.6	15.3	0.8	3.4	5.6	7.9
0.0	0.6	0.8	0.7	0.6	0.9
5.0	3.5	2.2	2.7	6.3	5.3
0.0	0.0	0.0	0.2	0.0	0.1
1.3	0.6	0.8	1.6	0.9	0.8
87.5	74.2	70.2	72.9	77.6	78.7
10.0	21.2	26.0	23.2	18.6	17.7
1.3	2.4	2.4	1.8	2.8	1.9
0.0	1.8	0.5	0.5	0.2	0.8
35.0	49.4	35.5	36.2	32.9	36.2
21.3	38.2	39.8	38.5	31.3	34.8
35.0	47.1	42.3	42.4	35.6	39.9
20.0	34.1	24.7	26.4	19.9	23.5
8.8	4.1	3.0	3.4	3.3	3.0
80	170	369	439	825	1,161

the "non-traditional" categories of craft and production jobs, at least as of the 12-month interview: only 4 percent of the treatment group were in mechanic, construction, or craft jobs, and only 3 percent were in factory production jobs, although the numbers were even smaller among control group members. In general, treatment and control group members at WOW worked in similar occupations.

Fringe benefits are important indicators of the quality of jobs. At both CET and OIC, treatment group members who worked were more likely to receive a variety of fringe benefits than were control group members who worked. One reason for the better fringe benefits at OIC may be that 21 percent of the treatment group members at OIC (compared with 10 percent of the control group members) held government jobs, whose fringe benefit packages are typically better than average. The prevalence of government jobs in the Washington, D.C., area may also explain the much higher receipt of fringe benefits among both treatment and control group members at WOW relative to the other sites. In fact, although treatment group members at CET were more likely to receive fringe benefits than were control group members, they were at best on a par with the level of fringe benefits found among control group members at the other sites; control group members at CET received far fewer benefits than did control group members at any other site. The presence of a group of farm workers in the CET control sample may explain why so few received benefits.

GED attainment

The 12-month follow-up interview obtained data on attendance in GED (General Equivalency Diploma) courses, and the attainment of the GED by women who reported attending a GED preparation class. Table 5.3 presents data on services from any program for the subgroup of sample members who did not report having a GED or a high school diploma at baseline. Not surprisingly, the percentage who reported participating in GED preparation is quite high for the OIC sample (77 percent), since anyone without a high school credential was placed in a GED class. Participation in GED classes was also quite high for the AUL sample (65 percent), since the GED was a prerequisite for entry into some types of training. The participation rate for the CET sample was 43 percent; CET offered GED classes as a supplement to skill training rather than as a prerequisite. While WOW did not offer formal GED classes, 46 percent of those without a high school credential reported attending such a class. While some took these classes through other programs, most seem to have perceived that the program at WOW provided GED preparation. In all sites, participation was significantly lower among the control group.

Treatment group members were also significantly more likely to report that a GED preparation class helped them obtain the GED than were control group members. If we assume that no sample members obtained a GED without taking a formal class, we can conclude that the program raised the percentage who obtained a GED from 3 to 15 percent at AUL, from 4 to 10 percent at CET, from 6 to 18 percent at OIC, and from 2 to 6 percent at WOW. As noted in the table, some sample members were still enrolled in a GED course at the time of the interview. The treatment-control difference in the proportion who had either obtained their GED or were still enrolled in a class is a rough upper bound on the program impact on GED attainment, since not all of those who were enrolled at the time of the 12-month interview would have completed their course.[1] This difference is larger at AUL and OIC than is the difference in the proportion who reported that they had obtained their GED as of the interview, because more treatment group members were still in a GED class as of the interview.

Even with this upper-bound estimate, the rate of GED attainment among those who reported attending a GED class is modest; it ranges from 21 percent at WOW to 39 percent at OIC. In comparison, 31.3 percent of participants in the JOBSTART Demonstration (a demonstration for young school dropouts that provides comprehensive education and training services) had obtained their GED within 12 months (Auspos et al., 1989).

The respondents' perceptions of the programs

In this section, we consider the subjective perceptions of MFSP program participants about the usefulness of the programs in light of our findings on the impacts, and compare the perceptions of treatment group participants with those of control group members who participated in other programs.[2] Table 5.4 presents data on perceptions about the MFSP demonstration program experience or, for the control group, about the most recent education or training program in which the respondent had participated.

Both treatment and control group members responded favorably when asked about their overall level of satisfaction with program services received; over 75 percent responded that they were either "very satisfied" or "somewhat satisfied," with the former category dominating. Among MFSP program participants, those at CET were the most likely to respond that they were very satisfied (58 percent), and those at WOW were the least likely to choose that category (41 percent); participants at AUL and OIC were close to the overall average (49 and 51 percent, respectively). In general, control group members who participated in a program were somewhat more likely to respond that they were "very satisfied" or "somewhat satisfied."

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[1] In addition, some may enter a GED course in the future. It seems plausible that control group members would be as or more likely to start a course, since they did not have the opportunity under the MFSP program.

[2] Such comparisons must be made cautiously, since the unobserved characteristics of control group program participants (such as motivation and resourcefulness) may differ from those of treatment group participants.

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Table 5.3 GED attainment

	AUL	
	Control	Treatment
Among Sample with No GED or High School Diploma at Baseline:		
Percent who received GED preparation	16.4	64.8
Percent who were still in GED class at interview	4.3	8.3
Percent who had attained a GED[a]	2.6	15.4
Percent who had attained a GED or were still in GED class[a]	6.9	23.7
Number in Sample	116	156

NOTE: Small proportions of the subgroup who reported a GED or high school diploma at baseline also reported attending GED classes.

Table 5.4 Perceptions about program services (percent of participants)

	AUL		CET	
	Control	Treatment	Control	Treatment
Satisfaction with Program				
Very satisfied	50.9	48.8	62.5	58.1
Somewhat satisfied	25.9	26.2	24.0	19.8
Not too satisfied	14.8	14.8	12.5	11.8
Not satisfied at all	8.3	10.2	1.0	10.3
(Number in sample)	(108)	(324)	(185)	(480)
Benefits of Program[a]				
Helped take care of personal/family problems	52.8	60.5	61.2	58.4
(Number in sample)	(106)	(314)	(98)	(375)
Taught a useful skill	82.4	62.7	64.0	71.9
(Number in sample)	(108)	(319)	(100)	(373)
Helped get better job	59.8	43.1	33.7	40.5
(Number in sample)	(107)	(318)	(92)	(363)
Led to personal improvement	83.3	77.5	85.2	72.4
(Number in sample)	(108)	(324)	(101)	(373)
Obtained job from participating in skill training, JSA, or OJT[b]	30.1	27.3	16.9	37.8
(Number in Sample)	(93)	(187)	(77)	(370)

CET		OIC		WOW	
Control	Treatment	Control	Treatment	Control	Treatment
10.8	43.3***	17.9	77.4***	13.2	46.2***
5.2	4.1	6.0	12.2	3.7	4.1
3.6	10.1***	6.0	18.0***	1.7	5.5***
8.8	14.2*	12.0	30.2***	5.4	9.6**
193	268	67	155	294	346

[a] These figures assume that the only women who obtained a GED were those who reported receiving a GED from having participated in GED preparation classes.

*/**/***Treatment-control difference is significantly different from zero at the 90/95/99 percent levels of confidence.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
55.8	51.0	56.2	45.8	56.3	50.7
28.9	30.6	32.4	34.0	28.5	27.9
5.8	8.2	6.5	12.9	9.8	12.1
9.6	10.2	4.9	7.3	5.3	9.3
(52)	(304)	(104)	(389)	(449)	(1,497)
53.1	58.3	53.3	61.6*	55.0	59.9*
(49)	(300)	(180)	(469)	(433)	(1,458)
80.4	71.4	80.4	67.1***	77.2	68.2***
(51)	(294)	(184)	(474)	(443)	(1,460)
57.1	46.9	51.7	42.7**	50.5	43.1***
(49)	(292)	(178)	(468)	(426)	(1,441)
88.0	82.4	83.6	79.5	84.4	77.9***
(50)	(301)	(183)	(474)	(442)	(1,472)
38.1	35.3	33.3	17.8***	29.6	28.6
(42)	(153)	(159)	(387)	(371)	(1,097)

[b] This question was asked only of those who reported skill training, job-search assistance (JSA), or on-the-job training (OJT).

*/**/*** Treatment-control difference is significantly different from zero at the 90/95/99 percent levels of confidence.

Participants were asked an additional series of questions about whether they had benefited from the program in specific ways. MFSP program participants and control group members who participated in other programs responded similarly to the question about whether the programs had helped them resolve problems in their personal or family lives (between 50 and 60 percent said yes, with slightly more treatment group members responding positively in every site but CET). At least three-quarters in each group said that the program had led to self-improvement, although control group members were consistently more likely to cite this benefit (over 80 percent in all sites).[1]

When asked whether the program imparted a useful skill, the majority of MFSP program participants gave a positive response, ranging from 63 percent at AUL to over 71 percent at CET and OIC. The number of control group program participants who responded positively to this question was significantly larger in Atlanta and Washington—just over 80 percent in each site. In San Jose, however, only 64 percent of the control group members said that their program had imparted a useful skill.

When asked whether the MFSP program had helped them obtain a better job, the responses by participants were somewhat less positive—from 41 to 47 percent said yes.[2] This figure was significantly lower than the proportion of positive responses among control group program participants in Washington and Atlanta, and somewhat lower in Providence as well. In San Jose, the contrast again goes in the other direction, although the difference is not significant. A number of factors may explain these differences. This question, unlike the others, was not likely to elicit a "yes" answer from persons still in programs, but such persons comprised a relatively larger proportion of control group participants than of treatment group participants. The question may have been slightly ambiguous: women who had not previously worked might not have realized that the implicit comparison was a job that was better than the one that they would have been able to find otherwise. The relatively low number of treatment group members at sites other than CET who reported that the program helped them obtain a better job may also be due in part to the greater emphasis on basic education and other life skills, in addition to job training, in the MFSP programs, and in part to the likelihood that the controls who received services elsewhere were more dedicated to improving their job prospects, since they had continued searching for services after having been rejected by the MFSP demonstration.

Sample members who reported receiving skill training, job-search assistance, or on-the-job training were also asked whether they had obtained a job because they had received those services. The overall pattern of these answers is somewhat similar to the more general question about whether the program helped them obtain a better job—more control group members said yes in Atlanta, Providence, and Washington, while more treatment group members said yes at CET. Not surprisingly, the proportion who responded positively to this more specific question is lower at all sites than the proportion who responded yes to the more general question. The fact that participants at CET were more likely to respond positively to this question accords with our findings on the impacts on employment at CET.

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[1] This question asked whether the program "helped you better yourself, gave you more self-confidence, or helped you define your goals?"

[2] The question asked, "Do you think this program helped you get a more interesting or higher-paying job?"

In summary, program participants rated the MFSP projects quite positively when asked about their overall satisfaction, about the noneconomic benefits of the program, and about whether they had learned a useful skill. They were less likely to believe that the program helped them obtain a better job, although 41 to 47 percent responded positively to this question. While control group members who received services generally rated their program experience more favorably than did treatment group members, this finding may indicate that control group members who were able to obtain services were more motivated on average.

MFSP program participants at AUL, OIC, and WOW were less likely to emphasize job-related program benefits than were participants in other programs in their communities. In contrast, CET participants were more likely to believe that their training had led to a job than were MFSP program participants at the other sites, and emphasized job-related program benefits to a greater extent than did control group program participants in the San Jose area, who were somewhat more likely than other control group members to be in educational programs (especially English as a second language). These findings are consistent with process analysis findings that the CET program was the MFSP program that was oriented most heavily toward moving participants into jobs, and with impact analysis findings that only the CET program had significant short-term impacts on employment. However, the positive responses of MFSP program participants in the other sites about the noneconomic benefits of the programs remind us that these programs may have had positive effects on the noneconomic aspects of participants' lives, including their self-confidence and life skills.

6 Summary and interpretation of the short-term impact findings

This report has presented extensive data on training-program experiences, the use of child care, and short-term economic impacts at the four MFSP demonstration projects. At the end of one year after random assignment, we found large statistically significant impacts on employment and earnings at one of the four sites, but no impacts at the other three sites. In this chapter we place these findings within the context of previous research, explore some of the possible reasons for the findings, and present our interpretation of them.

We begin in the first section with a brief summary of the key findings. In the second section, we briefly review the findings from other pertinent evaluations of employment-training programs for low-income women. This summary and review reveal that one of the MFSP projects—the Center for Employment Training (CET) in San Jose—is unusual because it generated extremely large net impacts on employment and earnings relative to the results of earlier program evaluations. The third section then examines the possible reasons for the large impacts at CET, and the fourth section examines the reasons for the lack of impacts at the other three sites. The final section provides our conclusions and policy recommendations.

A brief summary of the key findings

This section highlights four key findings from the short-term impact analysis.

All four MFSP programs delivered a rich array of services

All four CBOs delivered a comprehensive set of education, training, and support services to the low-income minority single mothers who applied to their programs. About 80 percent of the treatment group reported receiving employment and training services, whereas only one-third of the control group reported receiving services elsewhere. Higher proportions of the treatment group in all four sites also reported receiving each of several specific types of program services (e.g., basic skills training, GED preparation, job skill training, and child care assistance). The average duration of program participation was about six months, which is similar to the periods of participation in other intensive programs, such as Job Corps and, more recently, JOBSTART.

In all sites, the MFSP projects offered a more comprehensive set of services than did the alternative programs sought out by control group members. The relative emphasis on different services varied by site. When we compared treatment and control group members who received services, we found that a greater number of

MFSP program participants received educational services (basic skills instruction, GED preparation, or English as a second language), counseling, and child care assistance. However, with the single exception of CET, control group members who received services elsewhere were more likely than MFSP program participants to have received job-specific skill training. In addition, substantial impacts on GED receipt occurred among persons who did not have a high school diploma at the time they applied to the MFSP programs, especially at the two projects which emphasized remedial education (AUL and OIC).

Although treatment group members were more likely than control group members to receive services, a substantial percentage of the control group also received some program service. Indeed, the rates of program participation by the MFSP control group approach those reported for treatment group members in some of the work-welfare demonstrations (which we discuss more fully in the second section of this chapter). The substantial training experiences reported by the control group appear to corroborate the reports of MFSP program staff that the MFSP program trainees were a motivated group.

The MFSP program at CET generated strong positive impacts on employment and earnings by the end of the first year after program enrollment

The employment rate of the treatment group at CET was about 27 percent higher than the rate of the control group, and, judging by their wages and benefits, they held better jobs. Most strikingly, their quarterly earnings were nearly $400 (nearly 50 percent) higher than the earnings of the control group by the last quarter of the year after enrollment. The largest impacts were found for the groups who faced the greatest barriers to employment: women with very young children, those who had received welfare in the year prior to enrollment, and those who had not recently worked.

Despite improvements in earnings, we found no reduction in welfare benefits or the percentage who were receiving welfare by the fourth quarter. Several factors may explain this finding: the relatively generous eligibility and benefit levels of the AFDC program in California, lags in the adjustment of AFDC benefits to changes in earnings, interview reporting problems, or the fact that earnings gains may accrue to individuals who would have stopped receiving welfare anyway. (Other studies have reported a similar pattern of earnings gains and no welfare reduction.)

No positive impacts on employment were observed in the MFSP programs at AUL, OIC, and WOW, but substantial proportions of the women were still in a training program at the end of the first year

Despite the intensity and comprehensiveness of the services delivered, the services provided by three of the MFSP projects had not generated positive impacts on employment or earnings by the fourth quarter after program enrollment. However, all four MFSP projects generated positive impacts on a broader measure of economic activity: the proportion of the sample who were working or in a training program was consistently higher for the treatment group. At all sites other than CET, this impact was found because more treatment group members than control group members were still in training programs after a year. (More treatment group members than control group members were still in training at CET as well, but the treatment-control difference in employment rates at CET was larger than the difference in training rates.) Since a substantial percentage of participants were still in programs and had not yet become employed, it is possible that the earnings and employment impacts may be evident with longer follow-up. As those still in programs complete their training and move into jobs, and as others who may have recently completed their training but not yet found jobs finally become employed, the employment and earnings of the treatment group may surpass those of the control group. However, we caution that preliminary tabulations of the data for the sample members who were enrolled early in the demonstration (about 60 percent of the total sample) at 30 months after random assignment do not reveal striking changes in the patterns of impacts on employment and earnings reported above: earnings impacts at CET appear to persist, and employment and earnings impacts do not emerge at the other three sites. It is premature and inappropriate to draw any firm conclusions about the 30-month impacts on the basis of a preliminary analysis of data on only a portion of the sample. Yet our preliminary evidence does not indicate that strong impacts will emerge at AUL, OIC, and WOW over a longer period.

The offer of employment and training services with a strong child care assistance component increased the use of child care in all sites except Atlanta, and most of the increase was associated with formal care arrangements

The MFSP demonstration was among the first employment-training initiatives to offer extensive child care assistance, and the only one prior to recent initiatives to serve significant numbers of women with pre-school-age children. Patterns of child care use among the treatment group were strongly affected by their participation in an MFSP program, particularly by their access to free or heavily subsidized care for preschoolers in such formal settings as nursery schools or group care centers. In all four sites, treatment group members were significantly more likely to use formal care arrangements. In most sites the increased use of formal care led to a significant increase in the use of child care overall, because little change in the use of other arrangements occurred. These findings suggest that low-income minority single mothers with preschool children will use child care assistance when it is offered, and that the offer of assistance will increase the proportion of mothers who use formal care.

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Findings from other studies of employment-training programs for low-income women

Two groups of studies are especially pertinent to our findings on the MFSP demonstration: the state work-welfare demonstrations, and evaluations of CETA.[1]

Local agencies in eight jurisdictions that are responsible for administering the Aid to Families with Dependent Children (AFDC) program and AFDC work programs conducted the state work-welfare demonstrations during the early and mid-1980s. The evaluation of each was based on an experimental design in which participants were assigned randomly to treatment and control groups. In five of the demonstrations (Cook County Illinois, Arkansas, West Virginia, Virginia, and San Diego), the intervention entailed a mandatory requirement that AFDC recipients who were not caring for a child younger than age 6 participate in work-related activities, primarily job-search and in some cases community work experience. In two projects (the Baltimore Options program and the Saturation-Work Initiative Model (SWIM) program in San Diego, which was implemented after the initial San Diego work welfare-demonstration had been completed), education and training opportunities were offered. In general, the rates at which treatment group members participated in any program activity were in the range of 40 to 50 percent (lower in West Virginia at one-quarter, and higher in SWIM at two-thirds).

Positive impacts on quarterly earnings and employment were found in three of the five demonstrations that involved mandatory job search and/or work experience. The average earnings impacts over the entire follow-up period in each site were $27 per quarter in Virginia, $39 per quarter in Arkansas, and $140 per quarter in San Diego. The impacts were apparent as early as the quarter after program entry, a finding that is consistent with the nature of the intervention, which was designed primarily to connect women with jobs rather than to enhance their job skills.

Positive impacts were also found in the two projects that offered education and training. In both sites, earnings impacts were evident by the fourth quarter after program entry ($73 per quarter in Baltimore and $112 per quarter in San Diego SWIM), and the impacts increased somewhat during the second year after program enrollment. In Baltimore, the average of the quarterly impacts on earnings was $100 for the second year and $127 for the third year (Friedlander, 1987). In San Diego, the average of quarterly impacts was $157 for the second year after enrollment (Hamilton and Friedlander, 1989). Also noteworthy is the fact that the impact on the employment rate was relatively constant. The increase in earnings impacts during the second and subsequent years after enrollment, in conjunction with the stability of the impact on employment rates, suggests that one or both of the following occurred: either some portion of the impact was delayed until treatment group members had completed their education and training activities, or experience gained on the job led to higher earnings later on.[1]

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[1] Burtless (1989) provides a concise but comprehensive review of the research evidence on the effectiveness of employment-training programs for low-income single mothers.

Evidence from studies of the CETA program of the mid- and late-1970s, which provided public-service employment and on-the-job training as well as classroom training, is also relevant. The studies relied on nonexperimental comparison groups and analytical adjustments to derive net impact estimates, and the nature of the available data precluded analyzing the timing of the impacts relative to program entry. Nevertheless, these studies do provide evidence on the average effects of employment-training programs during the first and second year following program entry. As with the MFSP programs, the CETA programs were voluntary and were operated by a variety of organizations, including community-based organizations. Analysts who have used a wide variety of comparison groups and analytic models have found that the CETA programs had positive impacts on the earnings of women.[2] Burtless (1989) places these estimates in the range of $650 to $1,200 per year (in 1985 dollars).[3]

In light of previous findings of modest positive impacts in a wide range of settings, the short-term MFSP results present an interesting mixture: at one site, the impacts were very large by the end of the first year after program entry (considerably larger than the impacts found in the work-welfare demonstrations, and at the upper range of the estimated impacts found for CETA even over longer follow-up periods); at three of the sites, no short-term impacts on employment and earnings occurred.

The MFSP demonstration findings contain important lessons for policymakers and planners of training programs for poor single mothers with young children. The manner in which programs are designed and implemented may be quite important to their effectiveness. In the next section, we describe the characteristics of CET and its training approach that appear to have contributed to its rapid effectiveness. We then explore the potential reasons that the other MFSP programs were not only much less effective than was CET during the first year after enrollment, but also less effective than more modest training programs.

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[1] Rates of participation in the education and training components of the Baltimore Options and San Diego SWIM programs were lower than those observed in the MFSP demonstration. In Baltimore, 17 percent of the treatment group and an unknown percentage of the control group engaged in education or job training. The SWIM report contains data on different types of educational and training activities by members of the AFDC treatment and control groups (with a given individual counted multiple times if she participated in multiple activities), but no data on the proportion of each group who participated in any education/training activity. However, it is possible to determine that, at most, 48 percent of the treatment group and 31 percent of the control group participated in education and/or training activities (Hamilton and Friedlander, 1989, Table 3.1).

[2] Barnow (1987) and Burtless (1989) review the studies.

[3] The follow-up periods used in these studies varied greatly; they were normally the calendar year after the year in which the person enrolled in CETA or the year after that. Consequently, the impacts are not necessarily short-term as we have defined the term in this report.

The possible reasons for the large impacts at CET

Three sets of factors may explain the large net impacts on earnings observed at CET by the end of the first year after program entry: programmatic features, the organizational and managerial characteristics of CET, and the local context in which the CET program operated.

It is impossible to isolate the importance of each factor (or set of factors) to arrive at a conclusive answer about why the CET program achieved unusually large and rapid impacts. However, the available evidence does enable us to eliminate some factors pertaining to the local context (e.g., the high proportion of Hispanic participants) as likely explanations. While our conclusions are necessarily speculative, we conclude that the emphasis of CET on skill training for all, its focus on meeting the needs of employers, and its organizational structure are very likely the main reasons for the large impacts.

The next three subsections discuss the evidence on each set of factors.

Program design

Several programmatic features distinguished the CET program from the other CBO programs in ways that may have affected measured impacts:

- CET *offered job skill training to all of its trainees, regardless of their educational skills, and provided job-focused remediation to trainees who needed it.*
- CET *management and staff emphasized that they were providing a valuable "product" to local employers—namely, trained employees.*
- CET's *on-site child care center simplified child care arrangements for mothers with pre-school-age children, thus reducing the likelihood that child care would be a barrier to participation for women with young children.*

Job skill training for all. The occupational skill training program at CET was designed specifically to accommodate participants who exhibited varying levels of educational skills, and to allow individuals to proceed through the training curriculum at their own pace. No entry tests were administered, nor were specific skill levels required for entry into individual training courses. Instructors and more advanced students helped each trainee master the skills necessary for specific jobs. Deficiencies in basic educational skills were addressed (largely within the vocational skill training course) if they presented obstacles to the mastery of job skills. (CET also offered parallel classes in English as a second language and GED instruction, and at various times provided "feeder" courses in which participants "brushed up" on their basic educational skills as they waited for available job training slots.)

In contrast, AUL, OIC, and, to a lesser extent, WOW adopted training approaches that appear to have been more typical of how most training organizations have responded to JTPA funding incentives.[1] Under JTPA, training programs tend to be designed to achieve rapid placement into jobs, since payments to training providers are often tied to achieving specified placement rates. In this system, the training provider typically requires that the incoming trainees possess specified levels of math and reading skills, in the belief that trainees require these skills in order to complete their courses quickly and find jobs.

Due to their strong links to this system and their view that adequate basic educational skills were a prerequisite for success in the labor market, AUL and OIC designed training approaches that featured a sequential approach—educational skills were raised to a satisfactory level, and only then was vocational skill training offered. AUL geared the targeted skill level to the requirements of the training course in which the trainee was interested. OIC required that participants attain the GED before they engaged in skill training. WOW did not follow the sequential approach, but rather placed each participant in one of two courses depending on the level of the person's basic skills at program entry. Participants in both courses brushed up on their basic educational skills, received orientation to the world of work, and either engaged in unpaid work experience if they had weaker educational skills or, if they had stronger educational skills, received instruction in subjects pertaining to electricity and the use of machines as general preparation for a wide variety of occupations.

Because CET immediately offered skill training to all, over 90 percent of MFSP program participants at CET engaged in training for a specific occupation. By contrast, the proportion of participants who reported receiving skill training varied from 50 to 70 percent at the other projects. Based on the process analysis of the MFSP programs (see Hershey, 1988), we also know that a much higher percentage of total time in the program was devoted to skill training at CET than at the other CBOs. Our data indicate that CET was more likely to attract persons with less than an eighth-grade education, and did not systematically screen out persons with lower educational skills once they had applied. We believe that the training design of CET and the fact that it was able to deliver "skill training for all" were major factors in the substantial early measured impacts at that project.

Two other studies lend support to this conclusion. First, the CET "program model" closely resembles the training approach used by the Job Corps to address the needs of disadvantaged youths. In fact, CET probably achieved a greater degree of integration between occupational skill training and basic educational instruction than do most Job Corps centers. Most Job Corps centers offer both types of activities concurrently and to all trainees (see Richardson et al., 1985). The Job Corps program has been subjected to a careful and comprehensive evaluation of its economic impacts (see Mallar et al., 1982), and it remains one of the few initiatives for youths whose effectiveness at improving employment and earnings has been documented.[1] Second, a recent study of JTPA (U.S. General Accounting Office, 1989) concluded that the key to placements into moderate- and high-skill jobs is to provide skill training for such jobs, and that those who face apparently greater barriers to employment can also benefit from such training. The CET findings offer strong confirmation of this conclusion.

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[1] Indeed, all of the CBOs that operated MFSP projects either were JTPA training vendors (CET, OIC, and WOW) or relied on JTPA vendors to provide skill training to their MFSP program participants (AUL and OIC).

Emphasis on marketing. CET management and staff emphasized to employers and trainees that they were providing an important "product" to local employers—namely, trained employees. This orientation to the market manifested itself in several ways. The program attempted to ensure that job-ready trainees found a position, but refrained from placing trainees who had not mastered the necessary skills. (In addition, as did the other sites, CET provided instruction in job-search techniques beginning at an early point in the program.) Instructional staff had extensive work experience in the trade that they taught, and staff were encouraged to "stay current" in their trade, to ensure that their students' training responded specifically to the needs of employers. The program sought to offer training in areas in which work opportunities existed; when market conditions changed, course offerings were added or deleted. Finally, the program instituted an active advisory council whose membership included several employer representatives. CET managers viewed this council as an important vehicle for ensuring that the program maintained its responsiveness to the needs of employers.

Most employment-training providers would acknowledge the importance of responding to market conditions and to the needs of employers. Few organizations devote the attention that CET did to this aspect of their work, and we believe that such attention played an important role in the relatively large early impacts that we observed.

On-site child care. CET established a Montessori Child Care Center for pre-school-age children early in the demonstration period, because management perceived that a shortage of adequate care for young children existed in its local child care market. Program managers also hoped that the on-site care would simplify the logistics of coming to and engaging in training every day, and enable the mothers to concentrate more completely on their training activities, knowing that their children were nearby.

Nearly one-fourth of the treatment group reported using the CET child center while they were in the program, amounting to over 70 percent of those who used formal care. In addition, CET was one of two projects (OIC was the other) in which the MFSP program appears to have generated the largest increase in the use of formal care—nearly twice the percentage of treatment group members used formal care as the percentage of control group members.

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[1] JOBSTART, a Job Corps-type program implemented in community settings by JTPA providers and Job Corps centers, has been found to improve GED attainment levels, but the interim evaluation of the JOBSTART initiative (see Auspos et al., 1989) did not find employment and earnings impacts within the first year after program entry.

We found relatively large impacts at CET for women whose children were younger than age 3. We cannot be sure whether women who used the on-site center were the same women for whom the program generated large employment gains, or whether the same gains would have been realized had the women with very young children used other care arrangements. Yet the on-site center is a distinctive feature of the CET program, and may have been a factor in facilitating the participation of some of the women with very young children for whom CET was effective.

Organization and management

The characteristics of the organization also distinguished CET from the other CBOs that operated MFSP demonstration programs. These characteristics may have influenced the net impacts of the CET program.

- *CET had extensive experience in providing job training specifically to individuals who face serious barriers to successful employment.*
- *CET operated on a larger scale than did the other MFSP projects.*

Experience in providing job training. CET—the Center for Employment Training—was established over 20 years ago in San Jose, California. It is a community-based not-for-profit corporation that currently operates approximately 30 centers in California and other western states. Another 11 centers implement the CET model of training as part of the CET federation, under a licensing agreement with the parent corporation. As its name implies, employment training has been and remains the primary mission of CET.[1] When the MFSP demonstration was implemented at the five participating centers, minority single mothers were simply integrated into the training programs of those centers.

The other CBOs had less experience specifically with employment training, and/or performed a broader range of functions in their communities. For example, the Atlanta Urban League, an affiliate of the National Urban League, provided a range of community services, but had limited experience in providing employment training when it initiated its MFSP program. The new MFSP program was established as a separate program within AUL. Wider Opportunities for Women had a long history as an advocate of women's issues at the inception of its MFSP program, and had provided career training for women. However, the organization had limited previous experience in working specifically with low-income women.

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[1] CET does provide other services that support its mission—for example, remedial education and GED instruction for the GAIN program. It has also served as a center at which immigrants could legalize their status as part of the amnesty program, and is now offering instruction for persons seeking citizenship.

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WOW also designed and implemented an entirely new program in mounting its MFSP program.

As with AUL, the Opportunities Industrialization Center of Rhode Island is affiliated with a large national federation of community-based organizations and offers a broad range of services to the local community. OIC had more experience than AUL in providing occupational training at the inception of its MFSP program, having been a major service provider under the CETA program and other federally funded training programs in Providence dating back to 1968. However, the main OIC training programs did not serve MFSP program participants, due largely to their poor basic educational skills and special support service needs. A separate operational unit was established to operate the MFSP program more or less independently of the other OIC training programs. Despite numerous organizational changes, the MFSP program was never well-integrated with the rest of OIC.

Thus, CET was the only MFSP demonstration site whose organizational history and philosophy enabled it to integrate its MFSP program directly into an ongoing training operation. While the CET program was by no means static during the seven-year period of demonstration operations, it was the only program that was not to a large extent "learning by doing" in the early stages of the MFSP demonstration. Of course, all of the MFSP programs had been operating for two years at the time the evaluation began. Even so, none of the others exhibited the same focus on training that was evident at CET over the life of the demonstration.

Scale of program operations. The scale of the organization and the size of the San Jose center, which served 75 percent of the MFSP sample at CET, are also important factors that differentiated CET from the other MFSP projects. CET is organized as a not-for-profit corporation. A central administrative staff is responsible for financial planning, performance monitoring (both financial and substantive), the allocation of training slots to centers within the system, and the approval of major equipment purchases and other capital acquisitions. On the operations side, individual center directors have full responsibility for operating their centers. They report to regional managers, who in turn report to the executive director and his staff. Individual CET centers range in size from small entities that offer training in two or three skill areas and serve 100 to 150 trainees per year (Gilroy, Watsonville, Salinas, and Oakland were in this category at the time the MFSP demonstration was undertaken) to the largest one in San Jose, which offers training in over a dozen skills and serves between 500 and 800 trainees per year.

Although some individual centers are quite small, all of the centers operated directly by CET benefit from the financial resources of the corporation and the support of corporate management. The organization offers several potential advantages:

- *A cadre of experienced managers who can provide support, training, and leadership to classroom instructors*
- *A career path for successful staff*
- *Support in acquiring and retaining funding for local center programs*
- *The financial resources necessary to support both the acquisition of the equipment necessary for training and the initiation of new training courses*

Since corporate headquarters were in the San Jose center, it is quite likely that the San Jose center benefited more than most centers from corporate support, although it is difficult to assess the extent to which this was the case.

We examined impacts separately for the San Jose center, the Oakland center, and the Salinas-Watsonville-Gilroy centers together in order to acquire some idea of whether the MFSP intervention was equally effective at the non-San Jose sites. Sample sizes for the non-San Jose centers are too small to draw very firm conclusions. Nevertheless, the results suggest that short-term employment and earnings impacts occurred in San Jose and Oakland, but not in the rural sites. (Although the employment rates of MFSP program participants were relatively high in the rural sites, the employment rates of control group members were equally high.[1]) The primary conclusion from our location-by-location analysis at CET is cautionary: although we found some evidence of impacts at a small urban CET training center, most of the measured impact at CET appears to have been generated by the large San Jose center. Smaller centers that applied the CET method and those away from the corporate center may also have been effective, but our data do not provide good empirical evidence at this point to support that conclusion.

Local context

Finally, specific aspects of the local environment in which CET operated may have contributed to the relatively large impacts:

- *The high proportion of participants of Hispanic background*
- *The fact that San Jose contained a much higher percentage of manufacturing jobs than did the other sites*
- *The relatively high levels of unemployment in the San Jose area, and thus the advantage of training in competing for scarce jobs*
- *The relatively generous income support available to single mothers in California*

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[1] CET staff have pointed out that for many members of the sample at the rural CET locations the periods during which impacts were measured (i.e., the fourth quarter after random assignment) coincided with the season of the year in which employment in agriculture was at its seasonal peak. If the MFSP program moved women out of farmwork into better-paying, full-year jobs, then employment and earnings impacts may be evident when data for an entire year become available, because the full year will include the periods of the year in which farmworkers are not employed.

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A high proportion of participants of Hispanic background. We computed separate impact estimates for black participants and others (primarily Hispanic) in order to assess the extent to which the large proportion of Hispanic participants may have affected the observed impacts at CET. We found positive, statistically significant impacts for both ethnic subgroups. Since the impacts for the two ethnic groups did not differ significantly, we concluded that the high proportion of Hispanic sample members probably does not constitute a reason for the relatively large impacts.

A large manufacturing sector. San Jose is in the heart of "Silicon Valley," and a relatively high percentage of local employment is in manufacturing. We examined the occupational areas in which the employment of the treatment group increased relative to the employment of the control group, in order to determine the extent to which the availability of manufacturing production jobs contributed to the large earnings impacts at CET. The largest increases occurred in secretarial jobs (from 2 to 10 percent of jobs) and other administrative support jobs (from 26 to 36 percent). A smaller but still notable increase (from 10 to 13 percent) occurred in production jobs. The small percentage of the treatment group employed in jobs that are likely to be manufacturing production jobs and the modest increase in that percentage generated by the program suggest that the unusual concentration of local employment in the manufacturing sector is not a major factor in explaining the large impacts at CET.

Local unemployment rates. The San Jose area had higher levels of unemployment than the other demonstration sites during most of the demonstration, and it is possible that skill training may have given participants more of an advantage in competing for scarce jobs. To investigate this possibility, we attempted to exploit variations in the unemployment rate in the San Jose area, which declined in each succeeding year of the demonstration. We computed impact estimates separately for persons who enrolled during each of the three years in which evaluation sample members entered the program. Impacts increased, rather than declined, during later years. The exercise suggests that the relatively high unemployment rate of San Jose was not a major factor behind the large impacts at CET. (However, since a host of factors changed over time in addition to the unemployment rate, the temporal differences in impacts at CET are not very conclusive.)

High income-support levels. It is difficult to assess the extent to which the relatively generous levels of income support in California affect measured impacts. On the one hand, generous AFDC benefits would appear to discourage the work effort of women who could earn wages in the range of $4.50 to $6.00 per hour, because many would remain eligible for AFDC at these wage rates, and the AFDC tax on earnings at these wage rates is very high.[1] On the other hand, families can remain eligible for medical assistance in California even if their incomes are above the level that makes the family ineligible for AFDC, which may be an inducement to work. It seems unlikely that the generous AFDC benefit levels in California are a major reason for the large impacts at CET.

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[1] See Burghardt and Gordon (1988) for a description of local income support programs in the sites and for an analysis of the effects of changes in earnings on total family income (including food stamps and medical assistance).

Potential reasons for the lack of impacts at the other three sites

The fact that no impact occurred by the end of the first year after random assignment at three of the four MFSP demonstration sites is perhaps as important as the positive impact findings at one of the sites. We have identified three potential reasons for the lack of impacts at the other three MFSP demonstration sites:

- *Impacts were not manifest by the end of the first year after program entry, but will be evident with longer follow-up.*
- *The programs were poorly implemented.*
- *The training strategies were not effective for this population, particularly given that it was a voluntary program, and that low levels of unemployment prevailed in the three sites.*

Again, although our conclusions are tentative, the available evidence suggests that delayed impacts and poor implementation are not the primary reasons that no impact was found by the end of the first year after random assignment. Less effective training strategies appear to be the most likely reason.

Delayed impacts

Judgments about the relative effectiveness of the different programs may be premature. Depending on the site, between 20 and 28 percent of the treatment group and between 10 and 15 percent of the control group were still in training at the end of the first year. Arguably, the participants at OIC and AUL who were still in the program at that point were likely to be the "successes"—the women who required extensive remediation to build up their basic skills and were then successful at moving on to skill training. (Since WOW did not offer the same sequence of remediation followed by skill training, delayed impacts seem less likely in this site.) Evidence from the Baltimore and San Diego work-welfare demonstrations also suggests that the average impacts of programs that offer education and skill training may increase beyond the end of the first year.[1]

However, we do not expect that longer-term follow-up data will show a sharp reversal of the patterns of employment and earnings impacts observed at the end of the first year. As part of our ongoing data collection, we have performed preliminary analyses of 30-month follow-up interviews using the part of the full sample which enrolled early in the evaluation period. The estimated net impacts at 30 months after enrollment are broadly similar to the impacts at 12 months after enrollment. Of course, preliminary analyses with partial samples do not provide a basis for firm conclusions, but the available evidence also provides no grounds for expecting the emergence of large impacts.

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[1] Other employment-training program evaluations have found a delay between the end of program participation and subsequent entry into jobs and positive employment impacts (e.g., the Job Corps evaluation by Mallar et al., 1982).

Poor implementation

An obvious possible explanation for finding no impacts in three of the sites is that the programs were poorly implemented. To be sure, all four of the demonstration projects experienced difficulties over the course of the demonstration, as personnel, funding levels, and the priorities of the participating community-based organizations changed. Furthermore, based on the findings of our process analysis (Hershey, 1988), as well as on our observations of the programs from mid-1986 through the end of operations in mid-1988 and on the written documentation of researchers involved with the demonstration prior to August 1986, we conclude that the program at CET was implemented more effectively than were the programs implemented by the other CBOs.

Yet the other CBOs also delivered a significant intervention. Both the MIS system and self-reports of sample members document two important facts: (1) high percentages of the treatment group received substantive education and skill training services, and (2) the average duration of training was approximately six months in most sites. The duration of MFSP program training was similar both to the average duration in Job Corps at the time the economic impacts of the Job Corps were evaluated by Mallar et al. (1982) and to the average duration of participation in the JOBSTART demonstration (Auspos et al., 1989). Furthermore, as documented in Chapter 5, the MFSP treatment group members in the three other sites generally held favorable perceptions about the program, and a high percentage reported that they were satisfied with the program. Taken together, these factors provide evidence that poor implementation was not the primary reason that no impacts were found at AUL, OIC, and WOW. In our judgment, the demonstration programs operated by these three CBOs constituted a real test of the training approaches used.

Less effective training approaches

As noted earlier, the primary difference between the approach of CET and the approaches of the other three projects pertained to the role of specific occupational training. CET emphasized skill training for all in an open-entry, open-exit setting, with remedial education provided primarily within the context of skill training when educational deficiencies would interfere with attaining competency in the chosen occupation. OIC and AUL used the more prevalent approach, whereby trainees received occupational skill training only after their basic educational skills had been brought up to a level deemed necessary to succeed in occupational training. WOW offered an eclectic blend of educational remediation, employability development activities, and, for those who possessed adequate academic skills, classroom training in the fundamental concepts necessary for a wide variety of nontraditional occupations.

The experience of the MFSP demonstration programs at AUL, OIC, and WOW suggests that these approaches may not be appropriate for poor single mothers who face multiple employment barriers but who want jobs. Faced with long periods of learning in a classroom setting in which many had failed previously and in which no clear link existed between learning and employment goals, many participants were unwilling or unable to persevere to the point at which they could receive job skill training. Indeed, significant proportions of participants at OIC and AUL received only remedial education. At AUL, nearly one-quarter and at OIC over one-third of all participants reported receiving only remedial education, and no job skill training (although some may have entered skill training later). Yet the CET experience demonstrates that many women with educational deficiencies are able to benefit from appropriately designed training which focuses on mastering the specific skills necessary to perform particular jobs.

It is also very important to bear in mind that the MFSP demonstration evaluation measures the effects of the MFSP intervention relative to the training that participants would have received elsewhere had the MFSP program not been available. Less effective approaches to employment training may not have generated early impacts in the MFSP demonstration programs because a significant proportion of the control group also received training services. It should be recalled that about one-third of the control group in each site participated in an alternative employment-training program after being rejected by the MFSP project. The successful work-welfare demonstrations achieved participation by about 50 percent of the treatment group. Furthermore, very high percentages of the MFSP control group members who entered training said that they received job skill training. To use a medical analogy, the "dosage" of the MFSP "intervention" was reduced because the control group sought out "treatment" from a different source. Programs such as those operated by AUL, OIC, and WOW may actually help a relatively narrow segment of the women who participate. If the narrow segment of the control group who could have benefited from alternative training opportunities sought them out elsewhere, this situation would lead to a finding of no impact.

A closely related consideration is that the unemployment rates in these demonstration sites were well below the national average. Relatively abundant employment opportunities may have led to good employment prospects for the control group, and diminished any advantage derived by the treatment group from the MFSP training programs offered by the other three CBOs.

Conclusions and policy recommendations

The preceding interpretations of our findings are necessarily speculative. It is impossible to isolate the effects of the many factors that we have identified. Short-term findings in a single site simply do not support strong general conclusions. However, we believe that programmatic and organizational factors are likely to have played a major role in the large and rapidly achieved employment and earnings gains at CET. The evidence from the MFSP demonstration underscores the critical necessity of designing training programs appropriately and implementing them effectively in order to derive maximum benefit from the resources that are invested.

Recognizing the limitations of our findings, we offer three specific recommendations to policymakers and planners of programs to improve the economic self-sufficiency of poor single mothers:

- *Promote broader experimentation with training approaches that (1) offer training for all regardless of educational skills and (2) incorporate remediation into job skill training. Remedial education should certainly be an option for this target population, but it should not be the only avenue to job training.*
- *Foster organizations that are dedicated to job training and are experienced in serving disadvantaged individuals. High-quality job training for this target population requires skilled management, as well as organizations of sufficient size and financial resources to provide both a variety of opportunities to trainees and the flexibility to respond to changing labor-market conditions.*
- *Ensure that child care assistance is available to single mothers, and is flexible. When assistance is offered, be prepared for poor single mothers to use formal care arrangements in the same proportion as they are used by other members of the community.*

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Appendix A
The 12-month follow-up sample and data

This appendix presents supplementary data and discussion on topics addressed in Chapter 2. The first section considers the extent and possible sources of differences in the baseline characteristics of treatment and control group members in the analysis sample. Section 2 describes the construction of the outcome variables used in the analysis.

Comparison of the baseline characteristics of the treatment and control groups

This section compares the baseline characteristics of the treatment and control groups. Random assignment was used to ensure that the treatment group would differ from the control group systematically only in terms of the availability of MFSP program services; in all other respects, the characteristics of the two groups were expected to be very similar. However, differences between the characteristics of the control group and the characteristics of the treatment group in our analysis sample may arise from several sources:

- *Problems with the implementation of random assignment*
- *A change in the ratio of treatment group members to control group members (which meant that the treatment group applied to the program earlier, on average, than did the control group), in conjunction with changes over time in the characteristics of the women who applied to the programs*
- *Chance variation*
- *Treatment-control differences in the characteristics of nonrespondents to the 12-month interview*

In order to assess the extent of treatment-control differences in the 12-month follow-up sample and their probable sources, we first consider treatment-control differences in the entire baseline sample, and the possible nonrandom sources of such differences, and then compare the extent of respondent-nonrespondent differences within the treatment and control groups. Finally, we compare the characteristics of treatment and control group members in the 12-month follow-up sample.

Treatment-control differences in the baseline sample. Table A.1 shows the characteristics of the treatment and control groups for the entire baseline sample (i.e., all those who were randomly assigned and who completed the baseline interview). For the most part, differences between the groups are small and are not statistically significant.

In the AUL sample, there are no statistically significant differences between the treatment and control groups. Differences in the means are generally quite small.

In the CET sample, treatment group members were significantly more likely to be Hispanic than were control group members. In addition, treatment group members were somewhat older and had less schooling, slightly higher earnings, lower levels of AFDC receipt, and more income from other persons in the household, although none of these differences is statistically significant.

In the OIC sample, statistically significant treatment-control differences exist only for two variables. Treatment group members were less likely to have lived with other adults and were about 50 percent more likely to have used child care in the past year. They were also somewhat older and less likely to have been married, and fewer had received public assistance, but none of these differences is statistically significant.

The only statistically significant treatment-control difference at WOW is that, on average, the households of treatment group members contained fewer adults than did those of control group members. This difference is clearly related to the finding that fewer treatment group members lived with parents or other adults, and to the finding that treatment group members had much lower levels of income from other household members than did control group members.

Some differences would be expected to arise by chance, even if the populations from which the treatment and control groups were drawn were the same. If we were comparing the means of ten independent characteristics, we would expect that one set of means would be significantly different at the 10 percent level—that is what the definition of the significance level implies. However, many of the characteristics that we measure are not independent, and thus the finding of significant differences in several related variables may still indicate only sampling variation.

It should be noted that the evaluation contractor (Abt Associates, Inc., prior to October 1986 and Mathematica Policy Research, Inc., from October 1986 through the end of sample enrollment) maintained control of the random assignment procedures. Random assignment procedures created a three-step intake process.[1] First, applicants attended a general orientation in which the goals and program offerings of the CBO were explained. The MFSP program, including the evaluation components (primarily random assignment and interviewing), was also explained on the day of the orientation either in separate group meetings or in individual meetings between applicants and program staff. Second, on a subsequent visit to the CBO, the research contractor conducted a baseline interview with the applicant. Third, a member of the CBO staff telephoned the research contractor to submit the names of and other identifying information (Social Security numbers) on the women who had just completed the baseline interview. The research

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[1] The process described in the text occurred each week with new applicants except at WOW. At WOW, intake occurred approximately every third month for large groups of applicants, because the program ran in 10-week and 20-week cycles for the BEST and EM courses, respectively.

Table A.1 Baseline characteristics of the treatment and control group members of the baseline sample, by site (means and percentages)

	AUL		CET	
Characteristic	**Control**	**Treatment**	**Control**	**Treatment**
Age	28.0	28.2	28.4	29.1
Number of Other Adults in Household	0.6	0.7	0.7	0.8
Number of Own and Stepchildren	2.0	1.9	1.7	1.7
Age of Youngest Child	4.7	5.1	5.1	5.1
Percent Black	97.8	96.9	15.0	12.8
Percent Hispanic	1.7	1.5	73.9	80.3**
Percent Never Married	61.8	58.2	47.5	50.1
Percent Lived with Parents	20.9	20.4	21.6	22.2
Percent Lived with Other Adult(s)	36.2	40.7	40.7	42.6
Percent Used Child Care in Past Year	43.8	45.1	42.9	43.9
Highest Grade Completed	11.4	11.4	10.1	9.9
Percent with High School Diploma	52.0	54.1	31.7	31.5
Percent with GED	11.1	8.7	10.7	6.9**
Percent with Previous Training	48.8	48.6	25.4	24.8
Percent Ever Worked	90.2	91.9	83.3	85.3
Percent Worked in Past Year	54.7	54.9	44.8	46.3
Weeks Worked in Past Year	14.6	14.7	12.6	13.2
Earnings in Past Year	$2,002	$2,136	$1,575	$1,923
Percent Received AFDC or Other Public Assistance	63.8	66.1	70.5	66.5
Total Income of Minority Single Mother	$5,126	$5,318	$6,393	$6,500
Income of Others in the Household	$2,711	$3,111	$4,070	$4,441
Total Household Income	$7,894	$8,508	$10,577	$11,054
Percent of CET Sample from				
San Jose	n.a.	n.a.	72.2	76.9
Salinas	n.a.	n.a.	8.2	6.7
Gilroy	n.a.	n.a.	2.9	3.6
Watsonville	n.a.	n.a.	9.0	7.3
Oakland	n.a.	n.a.	7.7	5.5
Number in Sample	406	519	413	549

SOURCE: Baseline interviews with MFSP program applicants.

n.a. means not applicable.

* Treatment-control difference is significantly different from zero at the 90 percent level of confidence.
** Treatment-control difference is significantly different from zero at the 95 percent level of confidence.
*** Treatment-control difference is significantly different from zero at the 99 percent level of confidence.

OIC		WOW	
Control	Treatment	Control	Treatment
26.1	27.0	28.0	28.3
0.4	0.4	1.3	1.1**
1.9	1.9	1.7	1.7
3.8	4.1	4.8	5.1
60.5	59.8	93.8	93.6
30.2	28.8	2.8	4.1
60.5	64.2	73.9	72.0
14.2	12.9	34.1	31.4
29.8	23.4*	58.6	54.3
23.4	35.4***	45.9	47.4
10.9	11.0	11.0	11.1
36.6	37.6	37.7	39.4
18.5	15.7	9.4	10.2
32.7	34.3	50.1	52.1
74.6	77.3	92.0	91.9
30.3	33.6	53.3	55.6
8.2	8.3	13.9	14.9
$1,008	$1,069	$2,160	$2,250
87.3	83.8	73.1	69.7
$6,231	$6,268	$5,747	$5,797
$2,872	$2,745	$8,757	$7,828
$9,246	$9,189	$14,656	$13,768
n.a.	n.a.	n.a.	n.a.
n.a.	n.a.	n.a.	n.a.
n.a.	n.a.	n.a.	n.a.
n.a.	n.a.	n.a.	n.a.
n.a.	n.a.	n.a.	n.a.
205	458	640	775

contractor checked lists of previous applicants. New applicants and persons who had applied previously but had not received either basic education or skill training were subject to random assignment,[1] which was performed by members of the evaluation team.[2]

Another possible source of treatment-control differences in baseline characteristics is the differential rate of sample build-up over time for the treatment and control groups in three of the sites. During the first 10 months of sample build-up, two persons were assigned to treatment status for every person who was assigned to control status. Beginning in summer 1985, the ratio of treatment group members to control group members changed from 2:1 to 1:1 at AUL, CET, and WOW (but remained 2:1 at OIC). Due to this change in the proportion assigned to the control group, the treatment and control groups differ in terms of the distribution of their sample build-up over time. In particular, a larger percentage of the treatment group enrolled during the period prior to August 1985, while a larger percentage of control group members enrolled after that date.

Whatever the source of treatment-control differences, their presence means that simple comparisons of mean outcomes for the treatment and control groups may not yield an accurate estimate of the impacts of the MFSP programs. Accordingly, we used multivariate analysis to estimate program impacts in order to mitigate the possible effects of these preprogram differences.

The effects of nonresponse to the 12-month follow-up interview. This subsection compares the characteristics of respondents and nonrespondents, and considers the implications of nonresponse for the analysis. Although random assignment is designed to provide a control group whose experience indicates what would have happened to the treatment group had they not been offered the opportunity to participate in the MFSP demonstration programs, nonresponse to the 12-month follow-up interview may mean that the analysis sample is less than fully representative of the group about whom we seek to draw inferences—individuals who received a baseline interview and were assigned randomly to treatment or control status. Two types of problems may arise. First, the characteristics of respondents and nonrespondents may differ in ways whereby the average impacts on the persons whom we observe differ from the impacts on the persons whom we do not observe. Second, to the extent that members of particular subgroups exhibit different interview completion rates within the treatment group than within the control group, nonresponse may accentuate differences between the treatment and control groups. Both situations may bias the estimates of the impacts based only on the respondent sample. Therefore, it is important to determine whether nonresponse may have created problems to which the analysis must be sensitive.

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[1] Women who had previously been subject to random assignment were required to retain the research status that they had previously been assigned. Women who had previously applied to the program before random assignment and had received either basic education or skill training were allowed to participate again but were not part of the research sample.

[2] Modifications to the basic procedure outlined in the text were introduced at CET and AUL. At CET, approximately one-fourth of MFSP program applicants were recruited and served at four CET locations in addition to the main location in San Jose: Salinas, Watsonville, Gilroy, and Oakland. Recruiting for the MFSP program occurred during selected periods while the demonstration was in operation in order to increase the number of sample members and to take advantage of training funds available in these locations. At AUL, a major element of program outreach involved recruitment at public housing projects. Applicants who were recruited from visits to public housing projects could complete the application process without visiting the AUL training site. Off-site recruiting was undertaken in Atlanta from approximately June 1986 through November 1987.

Comparison of the characteristics of respondents and nonrespondents. Table A.2 compares the baseline characteristics of women who were not interviewed for the 12-month follow-up with the characteristics of women who were interviewed.

In the AUL sample, there are few statistically significant differences between the respondents and nonrespondents. Treatment group respondents had significantly more children and were more likely to be receiving public assistance than were treatment group nonrespondents; the same differences occur among the control group, but they are smaller and not statistically significant. In contrast, while the households of treatment group respondents contained fewer adults than did those of nonrespondents, the households of control group respondents contained more adults than did those of nonrespondents. Nonrespondents in both groups had more education and work experience, but these differences are not statistically significant.

A relatively large number of respondent-nonrespondent differences occur at CET. While many differences were found in both the treatment and control groups, they tend to be larger within the treatment group and are more often statistically significant among treatment group members than among control group members. For example, respondents were more likely to be Hispanic than were nonrespondents in both groups, but the difference is significant only for the treatment group. However, in both the treatment and control groups, respondents were significantly more likely to live with their parents, perhaps because those living with parents were easier to locate. Most troubling is the fact that, while there were essentially no respondent-nonrespondent differences among control group members in terms of prebaseline work experience and earnings, respondents within the treatment group had worked about 50 percent more weeks on average than nonrespondents (14 weeks vs. 9) and had earned over twice as much ($2,081 vs. $1,023).

Among the sample from OIC in Providence, we also found some respondent-nonrespondent differences that differ for the treatment and control groups. Treatment group respondents were significantly older than nonrespondents; control group respondents were not. While treatment group respondents were significantly more likely to be black and less likely to be Hispanic, the opposite pattern occurs among control group respondents. Control group respondents were significantly

Table A.2 Baseline characteristics of respondents and nonrespondents to the 12-month follow-up, by site (means and percentages)

	Controls		Treatments	
Characteristic	**No Follow-Up**	**Follow-Up**	**No Follow-Up**	**Follow-Up**
AUL - Atlanta				
Age	28.2	27.9	27.5	28.4
Number of Household Members	3.9	4.1	4.0	4.0
Number of Other Adults in Household	0.5	0.7	0.9	0.6*
Number of Own and Stepchildren	1.9	2.0	1.6	2.0***
Age of Youngest Child	4.8	4.7	4.7	5.2
Percent Black	97.1	98.0	97.9	96.7
Percent Hispanic	1.9	1.7	1.1	1.7
Percent Never Married	56.3	63.7	64.2	56.8
Percent Lived with Parents	17.5	22.1	26.3	19.1
Highest Grade Completed	11.5	11.3	11.6	11.4
Weeks Worked Last Year	16.8	13.9	15.4	14.5
Earnings	$2,304	$1,900	$2,227	$2,115
Percent Received AFDC	61.2	64.7	49.5	69.3***
Total Income of Minority Single Mother	$5,203	$5,100	$4,806	$5,433
Total Income of Others	$2,250	$2,868	$4,126	$2,883
Total Household Income	$7,511	$8,024	$9,120	$8,371
(Number in Sample)	(103)	(303)	(95)	(424)
CET - San Jose				
Age	29.0	28.3	28.1	29.3
Number of Household Members	4.1	4.2	4.5	4.3
Number of Other Adults in Household	0.7	0.7	0.8	0.8
Number of Own and Stepchildren	1.6	1.7	1.7	1.8
Age of Youngest Child	5.1	5.1	4.8	5.1
Percent Black	20.6	13.9	17.1	12.0
Percent Hispanic	67.7	75.1	72.0	81.8*
Percent Never Married	42.7	48.4	54.9	49.3
Percent Lived with Parents	13.2	23.2**	13.4	23.8**
Highest Grade Completed	10.2	10.1	9.9	9.9
Weeks Worked Last Year	12.9	12.6	9.2	13.9**
Earnings	$1,516	$1,587	$1,023	$2,081***
Percent Received AFDC	64.7	70.4	65.9	66.0
Total Income of Minority Single Mother	$5,862	$6,498	$5,255	$6,719***
Total Income of Others	$3,996	$4,085	$4,018	$4,516
Total Household Income	$10,000	$10,690	$9,344	$11,354*
Percent of Sample from				
San Jose	78.6	70.8	87.8	74.9
Salinas	7.1	8.5	2.4	7.5
Gilroy	2.9	2.9	2.4	3.9
Watsonville	2.9	10.2	0.0	8.6
Oakland	8.6	7.6	7.3	5.1
(Number in Sample)	(68)	(345)	(82)	(467)

Table A.2 Continued

Characteristic	Controls No Follow-Up	Controls Follow-Up	Treatments No Follow-Up	Treatments Follow-Up
OIC - Providence				
Age	26.0	26.1	25.5	27.3**
Number of Household Members	3.6	3.7	3.6	3.6
Number of Other Adults in Household	0.5	0.4	0.4	0.4
Number of Own and Stepchildren	1.9	1.9	1.8	1.9
Age of Youngest Child	4.3	3.7	3.8	4.1
Percent Black	72.5	57.6*	50.0	62.0**
Percent Hispanic	25.0	31.5	40.2	26.3**
Percent Never Married	47.5	63.6*	65.9	63.8
Percent Lived with Parents	10.0	15.2	13.4	12.8
Highest Grade Completed	10.4	11.0	10.9	11.1
Weeks Worked Last Year	6.4	8.7	7.4	8.5
Earnings	$850	$1,047	$787	$1,131
Percent Received AFDC	85.0	87.9	84.2	83.0
Total Income of Minority Single Mother	$6,124	$6,258	$5,743	$6,382*
Total Income of Others	$2,573	$2,944	$2,369	$2,827
Total Household Income	$8,845	$9,344	$8,274	$9,389
(Number in Sample)	(40)	(165)	(82)	(376)
WOW - Washington, D.C.				
Age	29.0	27.8	28.7	28.3
Number of Household Members	4.3	4.8	4.3	4.3
Number of Other Adults in Household	1.0	1.3*	1.0	1.1
Number of Own and Stepchildren	1.7	1.7	1.7	1.7
Age of Youngest Child	5.2	4.8	4.6	5.2
Percent Black	94.2	93.7	94.6	93.4
Percent Hispanic	2.9	2.8	4.1	4.1
Percent Never Married	68.1	74.6	66.2	72.6
Percent Lived with Parents	31.9	34.3	25.7	32.0
Highest Grade Completed	11.2	11.0	11.4	11.0*
Weeks Worked Last Year	14.4	13.8	14.1	15.0
Earnings	$2,176	$2,158	$2,119	$2,264
Percent Received AFDC	55.1	64.3	59.5	61.1
Total Income of Minority Single Mother	$5,606	$5,765	$5,566	$5,822
Total Income of Others	$7,362	$8,926	$6,114	$8,009
Total Household Income	$12,993	$14,857	$11,725	$13,983
(Number in Sample)	(69)	(571)	(74)	(701)

SOURCE: Baseline interviews with MFSP program applicants.

n.a. means not applicable.

* Treatment-control difference is significantly different from zero at the 90 percent level of confidence.
** Treatment-control difference is significantly different from zero at the 95 percent level of confidence.
*** Treatment-control difference is significantly different from zero at the 99 percent level of confidence.

more likely never to have been married than were nonrespondents, but no such contrast exists among the treatment group. In both the treatment and control groups, respondents worked for a slightly (not significantly) greater number of weeks and had substantially higher earnings, but the earnings difference is significant only among the treatment group.

In the WOW sample, there are very few statistically significant respondent-nonrespondent differences, but there are some suggestive patterns. Respondents lived with more other adults than did nonrespondents, although the difference is significant only among the control group; again, this difference may indicate that respondents who were living with others were easier to locate. Other variables associated with household structure showed patterns consistent with the difference in the number of other adults, although none of them is significant: respondents were more likely never to have been married, to live with parents, to receive AFDC, and to have more income from other persons in the household. In addition, respondents tended to be somewhat less educated, although the difference is larger and statistically significant only in the treatment group.

In summary, we find that few respondent-nonrespondent differences are statistically significant, and that most respondent-nonrespondent differences are similar among the treatment and control groups. The major exception is at CET, where respondents within the treatment group were more likely to be Hispanic and to have much more work experience and greater earnings than nonrespondents, but these differences are either smaller or nonexistent among the control group.

Because the response rates to the 12-month follow-up are quite high, even fairly large differences among respondents and nonrespondents are unlikely to affect our impact estimates substantially. Nonetheless, this comparison of the characteristics of respondents and nonrespondents underscores the necessity of using multivariate analysis methods to control for the differential characteristics of the treatment and control groups that may affect the outcomes of interest.

Response rates among treatment group members by receipt of services. Differential rates of service receipt among respondents and nonrespondents are another concern, particularly if the receipt of program services influenced the likelihood of responding to the follow-up interview for treatment group members, and if not all members of the treatment group received services. If, to look at the extreme case, all treatment group members among the respondents received services, but none of the nonrespondents received services (and we assume that all impacts occurred on those who received services), then the impact estimates would be overstated. Even in this extreme case, the bias would not be very large, since the response rate for the follow-up is so high overall. The true estimate of the average impact for the entire treatment group at a given site would be the response rate at that site (which ranges from 82 to 91 percent) multiplied by the impact estimate for respondents alone. Thus, the impact estimate for respondents would be overstated by 10 to 22 percent at most.

In fact, Table A.3 presents data from the MFSP demonstration's management information system (MIS) which show that respondents were generally more likely to have received services than were nonrespondents. Both groups received some services, however, and thus the bias from differential participation rates will be much smaller than in the worst-case scenario just described. (That scenario is somewhat simplistic; it ignores differences in other characteristics that may affect impacts.) At CET, we found the largest and most significant differences between respondents and nonrespondents in whether they had received services. About 55 percent of nonrespondents at CET had received services, while about 74 percent of respondents had received services. Smaller differences occur in the same direction at AUL, and essentially no differences occur between respondents and nonrespondents at OIC. In contrast, respondents at WOW were significantly less likely to have received services, so that the impacts at WOW may be slightly understated, although the level of service receipt is very high for both groups (87 percent for nonrespondents and 80 percent for respondents).

Treatment-control differences in the 12-month follow-up sample. Table A.4 compares the baseline characteristics of the treatment and control group members of the analysis sample—the sample of all respondents to the 12-month follow-up. (Much of this information is repeated from Table A.2 for convenience.) It also notes statistically significant treatment-control differences (while Table A.2 noted significant respondent-nonrespondent differences).

We note that Table A.4 looks very similar to Table A.1, which described the baseline characteristics of the entire baseline sample. Although the characteristics of respondents and nonrespondents differed in each site, the response rate is sufficiently high that examining only the respondents augments the treatment-control contrasts in baseline characteristics only slightly in most cases, and even reduces them in others. However, some differences are still of concern, particularly those pertaining to earnings and ethnicity at CET. The presence of significant differences, on average, between the treatment and control group in the analysis sample underscores the necessity of using regression-adjusted impact estimates (which are always estimated with greater precision), rather than simple comparisons of means.

Construction of outcome measures used in this report

This report focuses primarily on the impacts of the MFSP demonstration on economic outcomes, such as employment, earnings, the receipt of public assistance, and total income. The estimates of the impacts of the MFSP programs are presented in Chapter 4. In Chapter 3, we also present data on the education and training program services received by sample members, and on their use of child care while in the program. In the remainder of this section, we describe the construction of key variables.

Table A.3 Receipt of program services by respondents and nonrespondents to the 12-month follow-up, for the treatment groups only

	AUL		CET	
	No Follow-Up	Follow-Up	No Follow-Up	Follow-Up
Percent Who Received Major Services	52.6	62.1*	53.7	72.0 ***
Percent Who Received Any Services	81.1	87.8	54.9	73.7 ***
Number in Sample	95	425	82	467

SOURCE: Data on the receipt of services are drawn from the MFSP demonstration MIS.

* Respondent-nonrespondent difference is significantly different from zero at the 90 percent level of confidence.
** Respondent-nonrespondent difference is significantly different from zero at the 95 percent level of confidence.
*** Respondent-nonrespondent difference is significantly different from zero at the 99 percent level of confidence.

Participation in education and training programs. The 12-month follow-up interview requested data on participation in up to two employment, education, or training programs. The first program that treatment group members were asked about was always the MFSP program, but for control group members it was always the most recent program. In general, we counted as participants those who received services from either program, and, for those who participated in more than one program, we combined data on participation and services received in both programs. We had several reasons for doing so: (1) MFSP program participants in the partially "brokered" programs at AUL and OIC sometimes reported services received through the MFSP programs as services received elsewhere, and it was not always possible to distinguish between services received as part of the MFSP program and services that the participant sought on her own; (2) we wanted to give the fullest possible picture of program participation; and (3) the sequencing of the questions made it less appropriate to compare the services received from the MFSP program by treatment group members with the services received from the first program reported by control group members (since the second program reported by the control group, if they reported services from multiple programs, would actually have been the earlier one).

Child care outcomes. The MFSP baseline interview asked in detail about the most recent primary and secondary child care arrangements used for each child. The designers of the child care section of the 12-month follow-up interview attempted to simplify the level of detail requested while also covering the entire period from the baseline to the follow-up interviews.

MFSP sample members with children younger than age 14 who had worked, been in school, or been in training between baseline and follow-up were asked about their use of child care arrangements since the baseline interview. Mothers were asked whether they had used child care provided in any of four locations: the

OIC		WOW		Total	
No Follow-Up	Follow-Up	No Follow-Up	Follow-Up	No Follow-Up	Follow-Up
78.1	80.6	66.2	61.9	62.2	67.9**
82.9	83.0	87.0	79.5*	76.5	80.6*
82	376	77	701	336	1,969

child's home, another private home, a formal setting (such as a nursery school or group care center), or some other arrangement. For each care location used (they could indicate more than one), mothers then answered a series of questions: who provided the care, which children had been cared for in that location, over which months had that location been used, how much did care in that location cost on average, how did she rate her satisfaction with the care in that location, and how did she rate its dependability?

The child care section of the 12-month follow-up interview is subject to some important limitations, especially when compared with more recent survey instruments which ask about child care, since much has been learned about collecting child care data in the past few years. One type of problem with the instrument arises when more than one provider provided care in a location—for example, the respondent might indicate that both a grandparent and a nonrelative cared for her children in the children's home. In such a case, the instrument does not allow us to determine whether the providers were used consecutively or simultaneously, or which children (if more than one child) were cared for by which provider. In addition, since only one cost figure was requested (the average amount paid per child per week for care in that location), we cannot distinguish among the costs of each provider. However, this problem is not very common.

A more serious problem is that only one cost figure was requested for each care location, even if the location was used by a sample member both when she was in the MFSP program (or another program) and after she left the program. We are thus unable to investigate whether, once they left the program, mothers had to start paying for care that had been provided to them free while they were in the program. In such a case, it seems plausible that mothers would report the current cost of the arrangement.

Table A.4 Baseline characteristics of the treatment and control group members of the 12-month follow-up sample, by site (means and percentages)

	AUL		CET	
Characteristic	**Control**	**Treatment**	**Control**	**Treatment**
Age	27.9	28.4	28.3	29.3*
Number of Other Adults in Household	0.7	0.6	0.7	0.8
Number of Own and Stepchildren	2.0	2.0	1.7	1.8
Age of Youngest Child	4.7	5.2	5.1	5.1
Percent Black	98.0	96.7	13.9	12.0
Percent Hispanic	1.7	1.7	75.1	81.8**
Percent Never Married	63.7	56.8*	48.4	49.3
Percent Lived with Parents	22.1	19.1	23.2	23.8
Percent Lived with Other Adult(s)	36.6	38.7	40.9	43.0
Percent Used Child Care in Past Year	43.9	43.6	43.5	43.7
Highest Grade Completed	11.3	11.4	10.1	9.9
Percent with High School Diploma	50.8	53.8	30.7	32.3
Percent with GED	9.6	8.0	9.9	7.1
Percent with Previous Training	47.5	47.9	23.5	24.6
Percent Ever Worked	89.8	91.3	82.9	85.2
Percent Worked in Past Year	52.8	54.7	44.4	48.2
Weeks Worked in Past Year	13.9	14.5	12.6	13.9
Earnings in Past Year	$1,900	$2,115	$1,587	$2,031**
Percent Received AFDC or Other Public Assistance	64.7	69.8	71.3	66.6
Total Income of Minority Single Mother	$5,100	$5,433	$6,498	$6,719
Income of Others in the Household	$2,868	$2,883	$4,085	$4,516
Total Household Income	$8,024	$8,371	$10,690	$11,354
Percent of CET Sample from				
San Jose	n.a.	n.a.	70.8	74.9
Salinas	n.a.	n.a.	8.5	7.5
Gilroy	n.a.	n.a.	2.9	3.0
Watsonville	n.a.	n.a.	10.2	7.5
Oakland	n.a.	n.a.	7.6	5.1
Number in Sample	303	424	345	467

SOURCE: Baseline interviews with MFSP program applicants.

n.a. means not applicable.

* Treatment-control difference is significantly different from zero at the 90 percent level of confidence.
** Treatment-control difference is significantly different from zero at the 95 percent level of confidence.
*** Treatment-control difference is significantly different from zero at the 99 percent level of confidence.

OIC		WOW	
Control	Treatment	Control	Treatment
26.1	27.3**	27.8	28.3
0.4	0.4	1.3	1.1***
1.9	1.9	1.7	1.7
3.7	4.1	4.8	5.2
57.6	62.0	93.7	93.4
31.5	26.3	2.8	4.1
63.6	63.8	74.6	72.6
15.2	12.8	34.3	32.0
29.7	23.7	59.6	54.2*
24.9	34.6**	45.5	48.5
11.0	11.1	11.0	11.0
40.0	39.1	36.6	39.1
17.6	16.2	9.8	10.0
33.9	34.8	49.4	52.1
74.6	79.5	92.1	91.3
32.1	34.0	53.4	56.1
8.7	8.5	13.8	15.0
$1,047	$1,131	$2,158	$2,264
87.9	83.8	73.9	70.3
$6,258	$6,382	$5,765	$5,822
$2,944	$2,827	$8,926	$8,009
$9,344	$9,389	$14,857	$13,983
n.a.	n.a.	n.a.	n.a.
n.a.	n.a.	n.a.	n.a.
n.a.	n.a.	n.a.	n.a.
n.a.	n.a.	n.a.	n.a.
n.a.	n.a.	n.a.	n.a.
165	376	571	701

Despite the problems with the instrument, it provides a wealth of information on child care utilization by low-income minority single mothers. In addition, it is possible to examine the differences between the use of child care by the treatment group, who had the opportunity to enter a program which provided assistance in finding free or heavily subsidized child care, and the use of child care by the control group, who generally did not have access to such assistance. This information is of great policy interest now that an increasingly greater number of employment and training programs for single parents offer child care assistance, although no good data exist on the extent to which these services will be used or their effects on the types of care chosen.

We adopted two complementary strategies for presenting the data on patterns of child care use. First, we examined child care use over the course of the entire postbaseline year.[1] This information is presented in Appendix D. We present, for instance, the proportions of the treatment and control groups who used each type of care during the year, using the categories from the instrument, which were not mutually exclusive. Among users of each care location, we tabulate the cost, dependability, and so forth. These figures should be quite reliable, but they provide only a very broad picture of child care use.

In addition, we have set up timelines which characterize the type of child care used by each respondent in each month. If more than one arrangement was being used in a month, we cannot determine the "main" arrangement in the usual sense of the one that was used for the greatest number of hours, since no information on hours was collected. Instead, we rank the arrangements being used by the extent to which they are "formal"—structured, institutional, and offered to the general public, usually for pay—as opposed to "informal"—arrangements with friends or relatives, not available to the general public, and often paid for in kind or not at all. We thus rank arrangements as follows: (1) formal care (in a nursery school, Head Start program, or a group care center), (2) nonrelative care, (3) relative care, and (4) other arrangements.[2,3]

The child care timelines allow us to compare the extent of child care use and the types of care used by the treatment and control groups over the course of the year (see Appendix Figures D.1 to D.8). In addition, they allow us to link the dates of periods of child care use with the dates of periods in training, and thus to characterize, for example, the types of child care used by treatment group members while in the MFSP program (see Chapter 3 and Appendix C). Some additional caveats, however, apply to the tabulations of child care used during program participation.

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[1] When the 12-month follow-up interview occurred more than a year after baseline, we excluded data on any care location which was used only after the twelfth postbaseline month.

[2] "Other arrangements" are ranked last not so much in view of their degree of formality but because they are a residual category. This category includes a hodge-podge of special cases, such as foster care, camp, and after-school programs, or ambiguous cases, such as a case where the mother listed "WIN" (the AFDC Work Incentive program) as the provider, although the WIN program provides subsidies, not direct care.

[3] When both relatives and nonrelatives were being used in a location, there is some potential for error, because we assume that both types of care were being used for the entire period during which the location was used. As noted earlier, these cases are rare.

First, comparisons of dates of child care use and dates of other activities, such as program participation, may be in error due to errors in either set of dates. The two sets of dates come from separate parts of the questionnaire, although the child care questions refer specifically to child care used while working, looking for work, or attending school or training. Second, an early version of the instrument referred to regular child care arrangements, which we suspect may have led to underreporting.

Empirical evidence of possible mismatched dates or underreporting can be seen in the number of women with preschool children for whom we can find no child care reported at the time they reported being in the program (see Tables C.5 and C.6), and in the number of women who report that the program provided them with help with child care, but for whom we can find no child care reported at the time they reported being in the program (see Table C.8).

Finally, assuming that we can identify fairly accurately the most formal type of care being used in a particular month, we do not know whether the reported characteristics of that arrangement (e.g., its cost or the number of children cared for) apply to that particular month. For example, as noted earlier, the cost reported for an arrangement used while in the MFSP program may actually reflect the amount paid for that arrangement at the time of the interview (if the arrangement were still being used), not during the program.

Employment outcomes. Sample members were asked in the 12-month follow-up interview about the dates and characteristics of their most recent job since the baseline interview, then the next most recent, and so forth. From these data, we constructed a month-by-month work history for all respondents, which we summed across all jobs held during the month to obtain (1) an indicator of whether the respondent worked at all in that month, (2) the average weekly hours worked during the month, and (3) the average weekly earnings during the month. When data were missing for some job(s) held during the month but not for others, any valid data were counted. When data were missing for all jobs in a particular month, information for that month was treated as missing. When a job started or ended in a particular month, it was assumed to have been held for half of that month. (Any job ongoing as of the interview was assumed to last the full interview month.)

Comparable data from the baseline interview were used to construct the work history of respondents in the year before the baseline interview, and the two sets of work histories were merged for members of the analysis sample. Our plots of trends in key employment variables over the year before and after random assignment are derived from these merged work histories.

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In our regression models, we used the average of the economic outcome variables in the last three months (the fourth quarter) of the year after random assignment. While we wanted to measure impacts during a postprogram period to the extent possible, we decided to use fourth-quarter averages rather than the value in the 12th month, for three reasons: (1) about 5 percent of the sample (and nearly 10 percent in some sites) were interviewed in the 11th month after random assignment and are thus missing data for month 12, (2) using quarterly rather than monthly data provides a more stable, conservative measure of economic impacts, and (3) most other studies of similar programs are based on quarterly data. When data were missing for one or more months of the quarter, the quarterly average was calculated using the remaining months.[1]

For binary variables (equal to zero or one), the quarterly average we report most often is the average monthly probability, which is the average of the zeros and ones for the months with valid data. For example, Table 4.1 presents results for the average monthly probability of working in the fourth quarter, rather than the probability of ever working in the fourth quarter. The "ever" measure will always be larger than the "average monthly" measure. We also report some results for the "ever" measure (e.g., the probability of ever working in the fourth quarter) (see Table F.1).

Income sources. The follow-up interview also asked respondents to report for each of several specific income sources the postbaseline months during which they received income from that source, and the amount received per month during each spell of receipt. The income sources covered were AFDC, Food Stamps, other public assistance, unemployment compensation, Supplemental Security Income (SSI), alimony, and child support. Respondents were then asked for the amount received from all other income sources. Because most income transfers are paid on a monthly basis, we assumed that a full payment was received in both the first and last months of each spell. Some MFSP program respondents, especially in Washington, D.C., did not always distinguish AFDC receipt from other public assistance payments. Therefore, we use the sum of AFDC and other public assistance reported in each month as our measure of public assistance received.

To compute the total income of the respondent in each month since the baseline, we multiplied average weekly earnings for the month by 4.3 to obtain monthly earnings, and added all measured income from other sources, including the face value of food stamps. Missing data on components of income were treated as zero in computing total monthly income.[2]

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[1] Indicator variables were included in the regression equations to control for the instances in which the quarterly averages were based on partial data.

[2] Comparable month-by-month payment histories for income sources were not collected in the baseline interview.

We calculated quarterly averages of the proportion receiving AFDC or other public assistance each month, total monthly public assistance income, and total monthly income, in the same manner in which we computed quarterly averages of employment variables.

The follow-up interview did not collect detailed information on the income of other household members. Responses to a question on total household income in the 12 months before the interview suffered from extensive missing data problems, and were not used.

Appendix B
A note on the Kaplan–Meier estimator

Our measure of the duration of time in training, like many duration measures, cannot be characterized accurately by typical sample statistics such as the mean or the histogram, because some persons were still in training at the time of the interview. The Kaplan-Meier estimator is a method for estimating the distribution of a duration which takes into account the fact that some spells are ongoing at the time of measurement, or are "censored."

Consider the duration of the spell (in this case, time in training) as a random variable, t, with distribution F(t). We will find it more useful to work with the survivor function,

$$S(t) = \Pr(T>t) = 1-F(t).$$

The survivor function gives the probability that the spell lasts at least past t. S(t) fully characterizes the distribution of t, so that any other feature of the distribution can be derived from it. For example, it is especially easy to derive percentiles of the distribution such as the median, which is the value of t which solves $S(t) = .5$.

Consider the period t_j. All persons whose spells of training have lasted to the beginning of this period, without ending or being censored, are considered "at risk" at t_j. Let the number of spells at risk be n_j. Call the number of spells that end during that period d_j. The Kaplan-Meier estimator is:

$$S(t) = \prod_{j \mid t_j<t} (n_j-d_j)/n_j.$$

The properties of this estimator are discussed in Kalbfleish and Prentice (1980). Intuitively, the probability of leaving training at t, given that the training spell is still ongoing, or "at risk," is estimated by the relative frequency of exits at t for those still at risk, (d_j/n_j). The probability of surviving is thus $(n_j-d_j)/n_j$. Censoring is accounted for by removing previously censored spells from the total of those at risk at the beginning of each period.

The standard tests used to compare survivor functions for two groups cannot be used to test whether program durations follow the same distribution for treatments and controls in our sample, because the censoring mechanism depends on experimental status. Control group members tended to enter programs later in the year, and are thus more likely to be censored at every duration. We thus do not attempt to determine whether our estimates of median durations differ significantly by experimental status.

Appendix C
Supplementary data on training program experiences and the characteristics of program participants

This appendix presents supplementary data on the training program experiences of the sample and on the characteristics of sample members who received education or training services.

Supplemental tables on service receipt

The tables in this section focus on participation either in an MFSP demonstration program for treatment group members or the most recent program for control group members. Table C.1 shows participation in education and/or training versus other services for just that single program. Table C.2 shows the percentages of program participants who received each type of service in that one program. Table C.3 shows the average duration and intensity (as measured in days) of each type of service received in that program, and the completion rates for each service for which completion can be defined. The tables are of interest largely because they describe services received by treatment group members specifically from an MFSP program. However, some respondents appear to have reported services provided through an MFSP program as non-MFSP services, especially at AUL and OIC, where some women were referred to training providers other than the CBO.

Percentages of the treatment and control groups in training by month during the year before and the year after random assignment

Figures C.1 through C.4 provide a more aggregate perspective on the timing and duration of program participation for the treatment and control groups. These figures show the proportion of the treatment and control groups at each site who reported being in training programs during each month in the year prior to and the year after random assignment.[1] Several interesting patterns are apparent. The proportion of sample members who participated in training programs in the year prior to applying to the MFSP demonstration was well under 10 percent throughout the year, and was very similar for treatment and control group members at each site.

In all four sites, the proportion of the control group who were in training increased gradually after random assignment, until it leveled off in the 15 to 20 percent range. Some control group members, after being rejected by the MFSP program, continued the search for services that led them to apply to the MFSP demonstration and found services elsewhere. At AUL, the proportion of controls who received services rose for three months after random assignment, and then leveled off, while at the other three sites the upward trend was more gradual, which suggests that, on average, a longer search (or wait) for services was necessary for control group members at these sites who decided to continue searching.

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[1] "Training histories" that were constructed for each respondent coded whether she was in training in each month. These histories were based on baseline questions that requested the dates of participation in up to two prebaseline training programs, as well as on follow-up questions which requested the dates of participation in up to two postbaseline training programs.

At all sites except WOW, participation in training by treatment group members reached its peak at a level of 60 to 70 percent within two months after random assignment. A much smaller proportion at WOW than at the other three sites reported entering the MFSP program in the baseline month, and the peak level of participation at WOW came only in the third month, and at a much lower level (slightly over 50 percent). The participation rate at AUL dropped sharply from the second to the fourth months, and matched the level at WOW quite closely thereafter, which suggests that a substantial amount of attrition occurred. The participation rates at CET and OIC reached a somewhat higher peak than at AUL, and remained above the rates at AUL and WOW during all months thereafter.

Child care arrangements used during program participation

Table C.4 expands on Table 3.6 in order to present additional detail on the types of child care arrangements used by program participants; in particular, it provides information on the number of children in care in the "main" (most formal) arrangement used, the cost of the arrangement, and the mother's rating of her satisfaction with and the dependability of the arrangement. Tables C.5 to C.7 present the same data for subgroups of program participants defined by the age of their youngest child at baseline. Table C.5 covers mothers whose youngest child was younger than age 3, Table C.6 covers mothers whose youngest child was from age 3 to 5, and Table C.7 covers mothers whose youngest child was 6 years old or older. Table C.8 breaks down the data for treatment group members by whether they reported receiving help with child care from the program.

The patterns of child care utilization vary by the age of the youngest child in several important ways. First, women whose youngest child was of school age (Table C.7) often did not report using any child care arrangement; 59 percent of the treatment group and 48 percent of the control group who participated in a program reported no child care during that time. The mother's activities may have been during school hours, or her children may have cared for themselves after school, or been cared for so informally that the mother did not consider the arrangement as child care. Most mothers with only school-age children in care had them cared for by relatives. While less than 10 percent of mothers of school-age children used formal care, it should be noted that treatment group members were nearly twice as likely to be using formal after-school programs as were control group members (8 percent of treatment group members and 4 percent of control group members reported using formal arrangements).

Among mothers with preschool children (Tables C.5 and C.6), the picture is very different. Over 80 percent reported using some type of child care during program participation; those who did not probably did not recall their arrangement or used arrangements that were sufficiently informal they did not perceive them as "child care." Among those using child care during a program, substantial proportions used formal care, and formal care was used much more heavily by treatment group members than by control group members. Among both treatment and control group members, mothers whose youngest child was from age 3 to 5 were more likely to use formal arrangements than were mothers with children younger than age 3, except in Atlanta, in which the use of formal care was the same for the two groups.[1]

The use of the on-site child care centers at CET and OIC was concentrated almost entirely among mothers of pre-school-age children. Among the treatment group at CET, 34 percent of women whose youngest child was from age 0 to 2 and 43 percent of women whose youngest was from age 3 to 5 used the CET Montessori Center, which represents 41 and 52 percent of child care users in these two subgroups, and over 80 percent of those who used formal care. If we focused only on members of the CET sample who attended the San Jose training center (rather than the centers in Salinas, Watsonville, Gilroy, or Oakland), the extent to which women were served through the Montessori Center would be even higher. In contrast, smaller proportions of the OIC treatment group used the Roger Williams center at OIC—from a quarter to half of the mothers with pre-schoolers who used formal arrangements were served through this center.

Table C.8 indicates that reports of help with child care from the program are highly, but not perfectly, correlated with the use of child care during the program. Among those who reported receiving assistance, 14 percent did not report any arrangement during the program (they may have received assistance after the first year). Among those who reported no assistance, 47 percent did not use care.

Not surprisingly, child care users who reported receiving assistance are relatively more likely to have used formal care, tended to start using care earlier, had more children in care, and were more likely to use multiple arrangements.

Characteristics of treatment and control group members who received major services

Table C.9 shows the characteristics of treatment and control group members who received major services and of the treatment and control group members who did not receive major services. Major services are defined as education and/or job training.

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[1] In a separate study of the child care market in the four MFSP program sites, Handwerger, Strain, and Thornton (1989) found that child care centers in Atlanta were more likely to accept infants than were centers in the other sites.

Table C.1 Receipt of education and training services by treatment and control group members, first program only (percentage distribution)

	AUL		CET	
	Control	Treatment	Control	Treatment
Received Education or Training Services	31.3	70.6	29.9	82.9
Education and training	18.5	34.6	12.8	54.8
Education only	3.0	30.8	8.7	3.2
Training only	9.9	5.2	8.4	24.8
No Education or Training Services	68.7	29.4	70.1	17.1
Other services only	4.0	5.4	0.9	1.3
No services reported	64.7	23.5	69.3	15.9
Number of Observations	303	425	345	467

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: The data refer either to the MFSP demonstration programs for members of the treatment group or to the most recent program entered by control group members, if they had been in more than one program.

Table C.2 Services received by program participants, first program only (percent of participants)

	AUL		CET	
	Control	Treatment	Control	Treatment
Type of Service[a]				
Basic skills instruction	51.9	80.5	51.9	53.0
GED preparation	15.7	31.1	20.8	31.7
English as a second language	5.6	10.1	29.2	29.3
Training in a specific skill	76.9	50.3	67.9	94.2
Help finding a job (JSA)	38.9	25.1	26.4	40.6
On-the-job training (OJT)	20.4	10.1	11.3	23.3
Counseling	37.0	78.4	45.3	46.2
Child care	26.9	44.3	30.2	45.4
Other services	9.3	19.5	4.7	14.2
Number in Sample	108	329	106	394

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: The data refer either to the MFSP demonstration programs for members of the treatment group or to the most recent program entered by control group members, if they had been in more than one program. The number of valid cases for each item may differ slightly from the number given, due to missing data.

[a] All types of services received by participants are recorded. Percentages may thus sum to over 100 percent.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
28.5	76.3	29.4	65.5	29.8	72.8
13.3	30.1	14.7	48.6	14.9	43.5
6.7	37.5	3.3	13.6	6.0	19.4
8.5	8.8	11.4	3.3	10.0	9.9
71.5	23.7	70.6	34.5	70.2	27.2
4.2	4.8	3.3	2.0	3.0	3.1
67.3	18.9	67.1	32.2	67.1	23.9
165	376	571	701	1,384	1,969

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
46.3	78.0	46.8	89.6	49.1	75.7
16.7	37.7	21.3	28.9	19.3	31.9
22.2	19.4	5.9	11.8	13.2	17.5
64.8	47.4	76.6	63.5	73.2	65.4
38.9	28.7	38.8	47.0	36.0	36.8
20.4	13.2	28.2	30.1	21.5	20.6
53.7	69.8	41.0	82.0	42.5	69.4
27.8	65.9	21.4	38.5	25.5	47.1
9.3	6.5	17.0	20.6	11.3	15.8
54	306	188	480	457	1,509

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Table C.3 Duration and intensity of services received in first program

	AUL		CET	
	Control	Treatment	Control	Treatment
Counseling				
Mean number of weeks	7.4	8.3	8.5	11.9
Mean number of days	23.6	20.3	18.7	27.0
Average days per week	2.8	2.0	1.9	1.9
Percent still receiving	12.5	5.4	27.1	7.7
Percent completing	67.5	51.4	54.2	58.2
Number in sample	(40)	(257)	(48)	(182)
Basic Skills Instruction				
Mean number of weeks	14.4	13.8	16.7	18.8
Mean number of days	68.5	66.6	76.1	90.4
Average days per week	4.6	4.6	4.4	4.7
Percent still receiving	17.9	5.7	32.7	5.7
Percent completing	66.1	43.9	45.5	45.9
Number in sample	(56)	(264)	(55)	(209)
GED Preparation				
Mean number of weeks	15.8	16.1	13.6	16.7
Mean number of days	68.6	73.3	66.6	79.3
Average days per week	4.4	4.4	4.8	4.7
Percent still receiving	29.4	12.2	45.5	6.4
Percent completing	35.3	25.5	36.4	44.0
Percent attaining GED	36.4	25.3	58.3	28.9
Number in sample	(17)	(102)	(22)	(125)
English as a Second Language				
Mean number of weeks	14.2	12.5	18.1	19.8
Mean number of days	58.7	59.0	81.8	94.0
Average days per week	4.0	4.6	4.5	4.7
Percent still receiving	50.0	3.1	51.6	8.7
Percent completing	50.0	39.4	22.6	43.5
Number in sample	(6)	(33)	(31)	(115)
Specific Skill Training				
Mean number of weeks	20.3	12.8	18.3	22.3
Mean number of days	97.4	61.2	82.1	110.8
Average days per week	4.7	4.6	4.5	4.9
Percent still receiving	34.9	3.6	31.9	7.5
Percent completing	50.6	47.9	38.9	44.7
Percent getting a job	30.4	26.7	15.3	37.7
Number in sample	(83)	(165)	(72)	(371)

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
15.7	15.7	14.8	13.3	11.7	12.3
33.9	37.0	38.3	31.9	29.2	29.2
2.2	2.2	2.5	2.4	2.4	2.2
27.6	13.1	28.6	2.0	24.7	6.1
58.6	46.9	57.1	65.4	58.8	56.9
(29)	(213)	(77)	(393)	(194)	(1,045)
16.2	17.0	19.7	13.9	17.2	15.4
56.7	78.4	92.0	55.5	78.1	69.2
3.4	4.6	4.6	4.0	4.4	4.4
8.0	9.7	22.7	1.9	22.3	5.1
60.0	44.3	56.8	66.0	56.7	52.7
(25)	(237)	(88)	(429)	(224)	(1,139)
14.1	16.2	18.3	9.5	16.1	14.4
55.9	74.9	75.1	32.4	69.5	63.6
3.8	4.6	3.8	2.8	4.2	4.1
22.2	14.8	27.5	2.2	31.8	8.3
33.3	28.7	37.5	62.3	36.4	41.7
42.9	29.9	17.5	17.4	23.9	22.5
(9)	(115)	(40)	(138)	(88)	(480)
16.2	20.5	15.1	12.6	16.8	17.6
50.8	85.1	73.7	44.0	71.8	77.3
3.4	4.2	4.8	3.6	4.3	4.3
16.7	18.6	27.3	1.8	40.0	8.7
66.6	37.3	36.4	67.9	36.7	46.8
(12)	(59)	(11)	(56)	(60)	(263)
20.9	20.8	20.8	14.7	20.1	18.1
81.4	101.0	99.7	54.2	93.1	83.6
3.9	4.7	4.7	3.7	4.6	4.5
20.0	12.5	24.3	2.6	28.1	6.1
60.0	52.8	55.6	60.2	51.2	51.2
29.4	37.0	32.6	17.2	27.8	29.4
(35)	(144)	(144)	(304)	(334)	(984)

Continues on next page.

Table C.3 Continued

	AUL		CET	
Measure	**Control**	**Treatment**	**Control**	**Treatment**
Help Finding a Job				
Mean number of weeks	8.0	5.9	3.4	5.5
Mean number of days	29.6	18.9	15.4	21.2
Average days per week	3.6	2.7	4.1	3.4
Percent still receiving	28.6	8.5	14.3	8.2
Percent getting a job	45.0	45.0	40.7	70.3
Number in sample	(42)	(82)	(28)	(159)
On-the-Job Training				
Mean number of weeks	10.6	8.7	11.3	11.2
Mean number of days	47.3	32.2	52.0	51.1
Average days per week	4.6	3.8	4.7	4.3
Percent still receiving	27.3	6.1	8.3	9.9
Percent completing	72.7	66.7	75.0	62.6
Percent getting a job	57.1	43.8	41.7	65.6
Number in sample	(22)	(33)	(12)	(91)
Child Care				
Mean number of weeks	16.0	16.6	19.6	22.3
Mean number of days	77.4	83.5	96.6	110.8
Average days per week	4.8	5.0	4.9	4.9
Percent still receiving	17.2	9.0	43.8	12.9
Number in sample	(29)	(145)	(32)	(178)

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTES: Figures pertaining to each type of service are based only on individuals who reported receiving the service. Actual samples for individual data items may be somewhat smaller than the sample specified for the service type, due to missing data.

The data refer either to the MFSP demonstration programs for members of the treatment group or to the most recent program entered by control group members, if they had been in more than one program.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
7.5	11.6	7.6	12.6	6.9	9.4
20.4	37.3	32.2	27.3	27.0	25.9
2.9	4.1	3.8	2.3	3.7	2.8
19.0	21.8	23.3	9.8	22.6	11.0
61.9	51.7	48.6	26.8	48.1	45.9
(21)	(87)	(73)	(225)	(164)	(553)
15.5	15.5	10.4	6.9	11.1	9.4
56.7	63.4	45.4	25.7	47.9	38.3
3.4	4.1	4.2	4.1	4.3	4.1
27.3	17.5	22.6	2.8	22.4	7.1
45.5	60.0	71.7	86.1	69.4	73.7
45.5	57.5	59.6	19.6	55.2	40.7
(11)	(40)	(53)	(144)	(98)	(308)
18.2	23.8	19.5	13.4	18.5	19.2
87.4	118.1	92.6	66.0	89.4	95.5
4.7	4.9	4.8	4.7	4.8	4.9
40.0	16.4	25.0	7.1	30.2	11.6
(15)	(201)	(40)	(184)	(116)	(708)

Figure C.1 Percent in training (AUL-Atlanta)

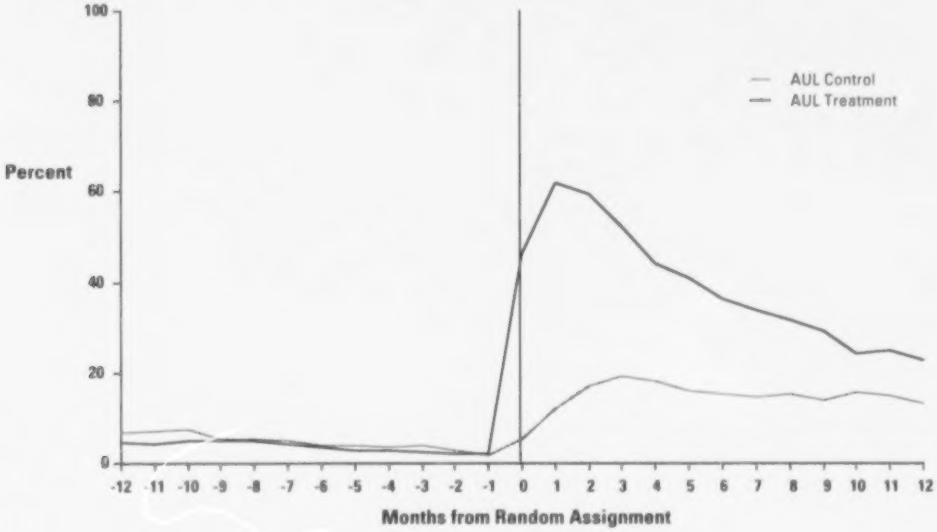

Figure C.2 Percent in training (CET-San Jose)

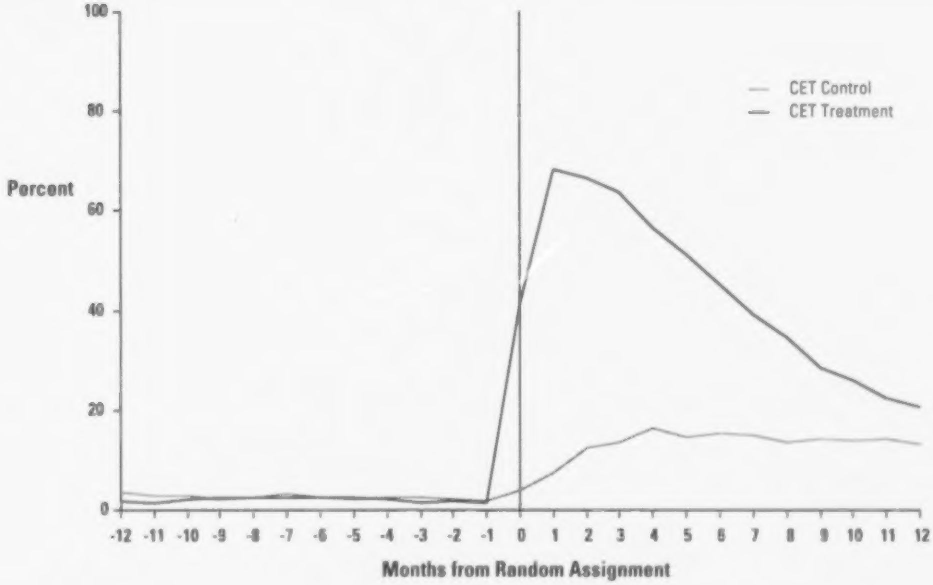

Figure C.3 Percent in training (OIC-Providence)

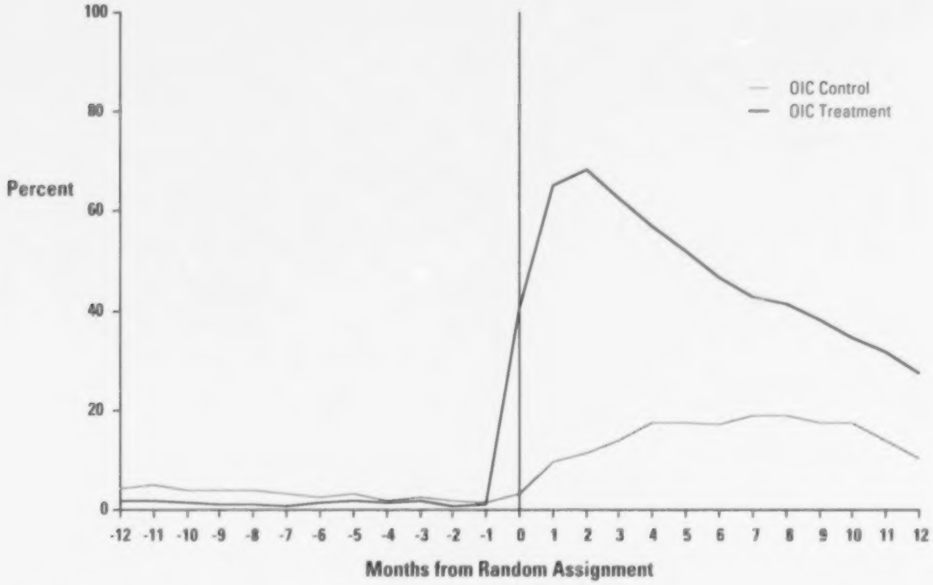

Figure C.4 Percent in training (WOW-Washington, D.C.)

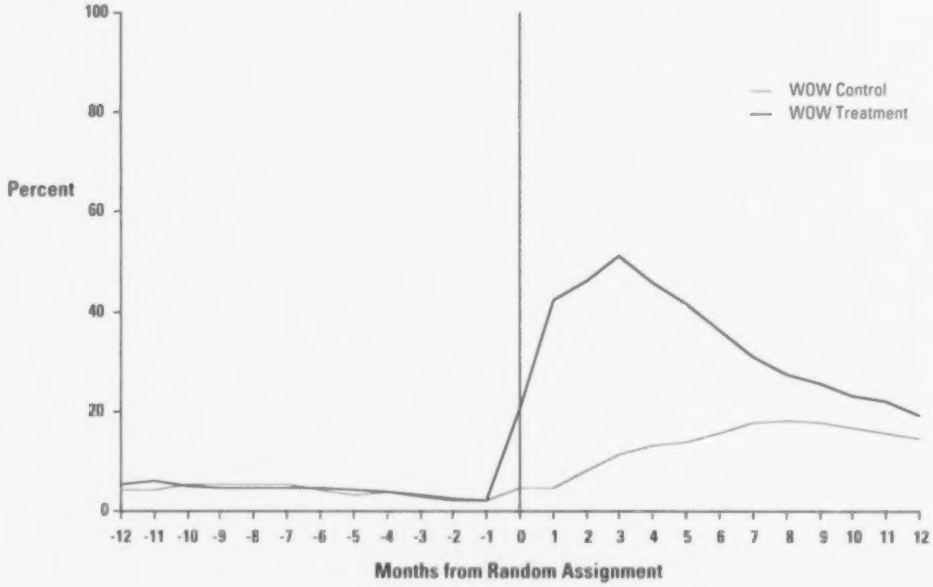

Table C.4 Characteristics of child care arrangements used during programs

	AUL		CET	
Characteristic	**Control**	**Treatment**	**Control**	**Treatment**
Among Program Participants				
Age of Youngest Child at Baseline				
0-2	41.4	39.2	38.7	38.3
3-5	26.1	25.5	23.4	25.1
6+	32.4	33.4	36.9	35.0
Missing	0.0	1.8	0.9	1.6
Percent Who Reported Receiving Child Care Assistance from Program[a]	27.9	46.8	28.8	46.9
Type of Child Care Arrangement Used in First In-Program Month in Which Care Was Used[b]				
No child care reported during program	31.5	33.7	19.8	28.0
Formal care	29.7	38.9	23.4	30.8
Nonrelative care	4.5	4.3	18.9	10.9
Relative care	24.3	12.8	27.0	23.6
Other care arrangements[c]	0.9	1.2	0.9	0.5
Missing	9.0	9.1	9.9	6.2
Percent of Treatments Who Used Site-Affiliated Child Care Center[d]	n.a.	n.a.	n.a.	25.1
Number of Program Participants	(111)	(329)	(111)	(386)
Among Those Who Used Child Care While in a Program				
Type of Child Care Arrangement Used in First In-Program Month in Which Care Was Used[b]				
Formal care	50.0	68.1	33.3	47.4
Nonrelative care	7.6	7.5	26.9	16.8
Relative care	40.9	22.3	38.4	36.2
Other care arrangements[c]	1.5	2.1	1.3	0.8
Percent of Treatments Who Used Site-Affiliated Child Care Center[d]	n.a.	n.a.	n.a.	38.2
Month in Which In-Program Child Care Was First Used				
1st month after baseline	33.3	77.1	23.1	75.7
2nd month after	22.7	6.4	16.7	9.2
3rd month after	10.6	4.8	7.7	3.2
4th month after or later	33.3	11.7	52.6	13.1

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
56.0	43.8	44.4	34.8	43.6	38.4
24.0	24.8	27.3	30.2	25.7	26.9
20.0	30.7	25.7	33.7	29.4	33.4
0.0	0.7	2.7	1.3	1.3	1.3
24.0	65.0	21.4	37.8	25.1	47.3
20.0	25.5	21.4	34.8	23.3	31.1
22.0	32.0	12.8	17.7	20.5	28.2
18.0	12.7	18.7	16.9	15.3	11.9
32.0	22.2	33.2	24.0	29.4	21.2
2.0	0.7	0.5	0.6	0.9	0.7
6.0	6.9	13.4	6.0	10.7	6.9
n.a.	12.7	n.a.	n.a.	n.a.	n.a.
(50)	(306)	(187)	(537)	(459)	(1,558)
29.7	48.5	19.7	30.2	31.0	46.0
24.3	19.3	28.6	28.8	23.1	19.5
43.2	33.7	50.8	40.9	44.6	34.5
2.7	1.0	0.8	1.0	1.3	1.2
n.a.	18.8	n.a.	n.a.	n.a.	n.a.
32.4	78.2	13.1	48.6	22.4	67.6
5.4	7.9	13.1	8.9	15.2	8.3
10.8	4.0	7.4	11.7	8.6	6.5
51.4	12.4	66.4	31.7	53.8	18.8

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Table C.4 Continued

Characteristic	AUL		CET	
	Control	Treatment	Control	Treatment
Number of Children in Care in "Main" Arrangement[a]				
1	57.6	52.2	59.0	66.5
2	34.9	36.2	32.1	26.4
3+	6.1	11.7	9.0	7.1
Missing	1.5	0.0	0.0	0.0
Mean	1.5	1.6	1.5	1.4
Average Price per Child per Week in "Main" Arrangement[a]				
Free Care	39.4	52.7	60.3	55.5
$.01-$9.99	15.2	8.5	2.6	2.0
$10-$19.99	13.6	5.3	5.1	2.4
$20-$29.99	6.1	8.0	7.7	9.8
$30-$39.99	18.2	10.6	7.7	9.4
$40-$59.99	6.1	6.9	3.8	9.4
$60-$79.99	1.5	5.3	9.0	7.1
$80+	0.0	2.1	2.6	2.0
Missing	0.0	0.5	1.3	2.4
Mean for those who used care	$13.88	$15.47	$16.75	$18.11
Mean for those who paid	$22.90	$32.88	$43.00	$41.98
Satisfaction with Care in "Main" Arrangement[a]				
Very satisfied	72.7	73.9	87.2	90.2
Somewhat satisfied	16.7	16.5	10.3	4.7
Not too satisfied	6.1	6.9	1.3	2.8
Not satisfied at all	4.6	2.7	0.0	1.6
Missing	0.0	0.0	1.3	0.8
Dependability of Care in "Main" Arrangement[a]				
Very dependable	75.8	78.7	91.0	91.7
Somewhat dependable	18.2	17.0	5.1	5.1
Not too dependable	4.6	3.7	2.6	1.2
Not dependable at all	1.5	0.5	0.0	0.8
Missing	0.0	0.0	1.3	1.2
Percent Using Other Arrangement(s)	18.2	18.6	19.2	24.4
Number Who Used Care When in Program	(66)	(188)	(78)	(254)

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Child care used during the first month of participation in either the MFSP program or another program is counted in this table, but the program referred to is the MFSP program for the vast majority of treatment group participants. Persons in a program only in the baseline month or after the twelfth month are counted as "not in program."

n.a. means not applicable.

[a] Because only program participants in the twelve months after random assignment are included in this table, these figures differ slightly from those in Table 3.3.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
46.0	58.9	55.7	66.7	55.8	62.2
35.1	30.0	32.8	25.4	33.3	28.8
18.9	10.6	11.5	7.9	10.6	9.0
0.0	0.5	0.0	0.0	0.3	0.1
1.8	1.5	1.6	1.4	1.6	1.5
59.5	58.9	45.9	47.2	49.8	52.9
5.4	1.0	2.5	2.8	5.6	3.3
5.4	6.4	8.2	5.3	8.3	4.8
5.4	12.6	9.8	13.2	7.9	11.2
10.8	7.7	9.0	8.8	10.9	9.1
8.1	4.8	17.2	16.7	10.2	10.3
2.7	5.3	2.5	1.6	4.0	4.6
2.7	1.0	3.2	2.2	2.3	1.9
0.0	2.4	1.6	2.2	1.0	1.9
$13.41	$13.23	$19.95	$18.24	$17.00	$16.60
$33.07	$33.41	$37.41	$35.25	$34.20	$36.08
89.2	81.2	82.8	78.9	82.5	81.4
8.1	12.6	10.7	14.8	11.6	12.0
2.7	3.4	4.1	3.5	3.6	3.9
0.0	0.5	0.8	2.2	1.3	1.8
0.0	2.4	1.6	0.6	1.0	0.9
91.9	88.9	87.7	86.4	86.5	86.9
5.4	6.8	9.0	11.0	9.6	9.7
0.0	2.4	0.8	0.3	2.0	1.7
0.0	0.0	1.6	1.6	1.0	0.8
2.7	1.9	0.8	0.6	1.0	0.9
18.9	23.2	13.9	12.6	16.8	19.1
(37)	(207)	(122)	(318)	(303)	(967)

[b] Categories are hierarchical, in that those counted in each category may also use care in a lower category, but not in a higher category.

[c] Other child care arrangements include foster care, camps, after-school programs, or clubs.

[d] This percentage refers to participants who used the site-affiliated center at any time, not necessarily when they first entered the program.

[e] Since there are no data on hours in each arrangement, we classified the "main" arrangement for those using multiple arrangements as that arrangement which is highest in the hierarchical ordering.

Table C.5 Characteristics of child care arrangements used during programs by mothers with youngest child younger than age 3

	AUL		CET	
Characteristic	**Control**	**Treatment**	**Control**	**Treatment**
Among Program Participants				
Type of Child Care Arrangement Used in First In-Program Month in Which Care Was Used [a]				
No child care reported during program	15.2	18.6	0.0	8.1
Formal care	45.7	53.5	32.6	39.9
Nonrelative care	6.5	3.9	30.2	12.8
Relative care	26.1	16.3	30.2	30.4
Other care arrangements [b]	2.2	0.0	0.0	0.0
Missing	4.3	7.8	7.0	8.8
Percent of Treatments Who Used Site-Affiliated Child Care Center [c]	n.a.	n.a.	n.a.	33.8
Number of Program Participants	(46)	(129)	(43)	(148)
Among Those Who Used Child Care While in a Program				
Type of Child Care Arrangement Used in First In-Program Month in Which Care Was Used[a]				
Formal care	56.8	72.6	35.0	48.0
Nonrelative care	8.1	5.3	32.5	15.5
Relative care	32.4	22.1	32.5	36.6
Other care arrangements [b]	2.7	0.0	0.0	0.0
Percent of Treatments Who Used Site-Affiliated Child Care Center [c]	n.a.	n.a.	n.a.	40.7
Month in Which In-Program Child Care Was First Used				
1st month after baseline	21.6	79.0	17.5	75.6
2nd month after	27.0	7.4	15.0	9.8
3rd month after	13.5	3.2	10.0	2.4
4th month after or later	38.7	10.5	57.5	12.2
Number of Children in Care in "Main" Arrangement [d]				
1	54.1	42.1	55.0	60.2
2	37.8	42.1	32.5	30.9
3+	8.1	15.8	12.5	8.9
Mean	1.5	1.7	1.6	1.5

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
17.8	11.9	10.8	16.0	10.5	13.7
14.3	34.3	15.7	22.5	26.0	36.1
17.9	17.2	28.9	25.7	22.5	15.9
46.4	28.4	32.5	29.9	32.5	26.8
0.0	0.0	0.0	0.0	0.5	0.0
3.6	8.2	12.0	5.9	8.0	7.5
n.a.	17.2	n.a.	n.a.	n.a.	n.a.
(28)	(134)	(83)	(187)	(200)	(598)
18.2	43.0	20.3	28.8	31.9	45.9
22.7	21.5	37.5	32.9	27.6	20.2
59.1	16.8	42.2	38.4	39.9	34.0
0.0	0.0	0.0	0.0	0.6	0.0
n.a.	21.5	n.a.	n.a.	n.a.	n.a.
36.4	80.4	9.4	48.0	17.8	68.8
0.0	9.4	10.9	8.2	14.1	8.7
9.1	2.8	10.9	10.3	11.0	5.1
54.6	7.5	68.8	33.6	57.1	17.4
40.9	58.9	56.3	68.5	53.4	58.8
40.9	28.0	35.9	24.7	36.2	30.6
18.2	13.1	7.8	6.9	10.4	10.6
1.9	1.6	1.5	1.4	1.6	1.5

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Table C.5 Continued

Characteristic	AUL Control	AUL Treatment	CET Control	CET Treatment
Average Price per Child per Week in "Main" Arrangement [d]				
Free Care	35.1	48.4	62.5	48.8
$.01-$9.99	18.9	9.5	2.5	2.4
$10-$19.99	16.2	1.1	5.0	2.4
$20-$29.99	8.1	11.6	7.5	10.6
$30-$39.99	13.5	9.5	2.5	1.4
$40-$59.99	5.4	10.5	5.0	11.4
$60-$79.99	2.7	7.4	10.0	7.3
$80+	0.0	2.2	2.5	3.3
Missing	0.0		2.5	2.4
Mean for those who used care	$13.75	$18.87	$17.64	$22.50
Mean for those who paid	$21.20	$36.59	$49.14	$45.08
Satisfaction with Care in "Main" Arrangement [d]				
Very satisfied	62.2	68.4	87.5	90.2
Somewhat satisfied	21.6	20.0	10.0	3.3
Not too satisfied	8.1	7.4	0.0	3.3
Not satisfied at all	8.1	4.2	0.0	2.4
Missing	0.0	0.0	2.5	0.8
Dependability of Care in "Main" Arrangement[d]				
Very dependable	73.0	80.0	92.5	91.9
Somewhat dependable	16.2	12.6	5.0	4.9
Not too dependable	8.1	6.3	0.0	0.8
Not dependable at all	2.7	1.1	0.0	0.8
Missing	0.0	0.0	2.5	1.6
Percent Using Other Arrangement(s)	16.2	22.1	22.5	26.8
Number Who Used Care While in a Program	37	95	40	123

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Child care used during the first month of participation in either the MFSP program or another program is counted in this table, but the program referred to is the MFSP program for the vast majority of treatment group participants. Persons in a program only in the baseline month or after the twelfth month are not included.

n.a. means not applicable.

[a] Categories are hierarchical, in that those counted in each category may also use care in a lower category, but not in a higher category.

[b] Other child care arrangements include foster care, camps, after-school programs, or clubs.

[c] This percentage refers to participants who used the site-affiliated center at any time, not necessarily when they first entered the program.

[d] Since there are no data on hours in each arrangement, we classified the "main" arrangement for those using multiple arrangements as that arrangement which is highest in the hierarchical ordering.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
63.6	58.9	45.3	43.8	49.7	49.5
0.0	0.0	1.6	2.7	5.5	3.4
4.5	4.7	6.3	3.4	8.0	3.0
4.5	14.0	10.9	11.6	8.6	11.9
13.6	9.3	12.5	8.9	10.4	9.8
9.1	3.7	17.2	23.2	10.4	13.2
4.5	6.5	3.1	2.1	4.9	5.5
0.0	1.9	3.1	3.5	1.8	2.8
0.0	0.9	0.0	0.7	0.6	1.0
$13.09	$14.84	$20.60	$22.43	$17.30	$20.01
$36.00	$36.60	$37.69	$40.16	$34.62	$40.02
90.9	80.4	85.9	82.9	81.6	81.3
9.1	15.0	9.4	12.3	12.3	12.1
0.0	3.7	1.6	3.4	2.5	4.3
0.0	0.0	0.0	1.4	1.8	1.9
0.0	0.0	3.1	0.0	1.8	0.4
90.9	92.5	89.1	91.1	86.5	89.4
9.1	5.6	9.4	8.2	9.8	7.6
0.0	1.9	0.0	0.0	1.8	1.9
0.0	0.0	0.0	0.7	0.6	0.6
0.0	0.0	1.6	0.0	1.2	0.4
22.7	29.0	14.0	13.7	17.8	22.3
22	107	64	146	163	471

Table C.6 Characteristics of child care arrangements used during programs by mothers with youngest child from ages 3 to 5

	AUL		CET	
Characteristic	**Control**	**Treatment**	**Control**	**Treatment**
Among Program Participants				
Type of Child Care Arrangement Used in First In-Program Month in Which Care Was Used [a]				
No child care reported during program	20.7	19.0	11.5	14.4
Formal care	37.9	54.8	34.6	53.6
Nonrelative care	3.4	6.0	11.5	7.2
Relative care	24.1	9.5	30.8	20.6
Other care arrangements [b]	0.0	2.4	0.0	2.1
Missing	13.8	8.3	11.5	2.1
Percent of Treatments Who Used Site-Affiliated Child Care Center [c]	n.a.	n.a.	n.a.	43.3
Number of Program Participants	(29)	(84)	(26)	(97)
Among Those Who Used Child Care While in a Program				
Type of Child Care Arrangement Used in First In-Program Month in Which Care Was Used				
Formal care	57.9	75.4	45.0	64.2
Nonrelative care	5.3	8.2	15.0	8.6
Relative care	36.8	13.1	40.0	24.7
Other care arrangements [b]	0.0	3.3	0.0	2.5
Percent of Treatments Who Used Site-Affiliated Child Care Center [c]	n.a.	n.a.	n.a.	51.9
Month in Which In-Program Child Care Was First Used				
1st month after baseline	42.1	77.1	20.0	76.5
2nd month after	21.1	4.9	20.0	6.2
3rd month after	10.5	8.2	0.0	4.9
4th month after or later	26.3	9.8	60.0	12.4
Number of Children in Care in "Main" Arrangement [d]				
1	63.2	55.7	60.0	76.5
2	26.3	32.8	40.0	19.8
3+	5.3	11.5	0.0	3.7
Missing	5.3	0.0	0.0	0.0
Mean	1.4	1.6	1.4	1.3

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
8.3	19.7	15.7	24.7	15.3	20.3
58.3	47.4	17.6	30.2	30.5	43.7
16.7	14.5	17.6	12.3	12.7	10.3
8.3	13.2	41.2	26.5	31.4	19.3
0.0	0.0	2.0	0.6	0.8	1.2
8.3	5.3	5.9	5.6	9.3	5.3
n.a.	13.2	n.a.	n.a.	n.a.	n.a.
(12)	(76)	(51)	(162)	(118)	(419)
70.0	63.2	22.5	43.4	40.5	58.7
20.0	19.3	22.5	17.7	16.9	13.8
10.0	17.5	52.5	38.1	41.6	26.0
0.0	0.0	2.5	0.9	1.1	1.6
n.a.	17.5	n.a.	n.a.	n.a.	n.a.
20.0	71.9	22.5	50.4	25.8	66.4
20.0	8.8	17.5	11.5	19.1	8.3
20.0	7.1	2.5	11.5	5.6	8.3
40.0	12.3	57.5	26.6	49.4	17.0
50.0	63.2	55.0	64.6	57.3	66.5
30.0	29.8	27.5	24.8	30.3	26.4
20.0	5.3	17.5	10.6	11.2	7.1
0.0	1.8	0.0	0.0	1.1	0.0
1.7	1.4	1.7	1.5	1.6	1.4

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Table C.6 Continued

Characteristic	AUL		CET	
	Control	Treatment	Control	Treatment
Average Price per Child per Week in "Main" Arrangement [d]				
Free care	31.6	47.5	50.0	69.1
$.01-$9.99	15.8	8.2	10.0	2.5
$10-$19.99	5.3	9.8	0.0	1.2
$20-$29.99	5.3	6.6	10.0	4.9
$30-$39.99	36.8	13.1	20.0	6.2
$40-$59.99	5.3	4.9	5.0	7.4
$60-$79.99	0.0	4.9	15.0	8.6
$80+	0.0	3.3	0.0	0.0
Missing	0.0	1.6	0.0	0.0
Mean for those who used care	$17.6	$15.6	$21.8	$12.5
Mean for those who paid	$25.8	$30.3	$43.6	$40.4
Satisfaction with Care in "Main" Arrangement [d]				
Very satisfied	79.0	78.7	80.0	90.1
Somewhat satisfied	15.8	13.1	15.0	6.2
Not too satisfied	5.3	6.6	5.0	2.5
Not satisfied at all	0.0	1.6	0.0	0.0
Missing	0.0	0.0	0.0	1.2
Dependability of Care in "Main" Arrangement [d]				
Very dependable	73.7	75.4	90.0	90.1
Somewhat dependable	26.3	24.6	5.0	7.4
Not too dependable	0.0	0.0	5.0	1.2
Not dependable at all	0.0	0.0	0.0	0.0
Missing	0.0	0.0	0.0	1.2
Percent Using Other Arrangement(s)	26.3	18.0	25.0	28.4
Number Who Used Care While in Program	(19)	(61)	(20)	(81)

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Child care used during the first month of participation in either the MFSP program or another program is counted in this table, but the program referred to is the MFSP program for the vast majority of treatment group participants. Persons in a program only in the baseline month or after the twelfth month are not included.

n.a. means not applicable.

[a] Categories are hierarchical, in that those counted in each category may also use care in a lower category, but not in a higher category.

[b] Other child care arrangements include foster care, camps, after-school programs, or clubs.

[c] This percentage refers to participants who used the site-affiliated center at any time, not necessarily when they first entered the program.

[d] Since there are no data on hours in each arrangement, we classified the "main" arrangement for those using multiple arrangements as that arrangement which is highest in the hierarchical ordering.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
50.0	63.2	45.0	52.2	43.8	57.7
20.0	1.8	2.5	3.5	6.7	3.8
0.0	7.0	7.5	5.3	4.5	5.4
10.0	5.3	10.0	12.4	9.0	8.0
0.0	8.8	7.5	8.0	15.7	8.7
10.0	7.0	20.0	12.4	12.4	8.7
0.0	5.3	2.5	1.8	4.5	4.8
10.0	0.0	2.5	1.8	2.2	1.3
0.0	1.8	2.5	2.7	1.1	1.6
$15.8	$12.1	$21.1	$15.0	$19.9	$13.9
$31.6	$33.9	$39.1	$32.3	$35.7	$33.6
80.0	86.0	80.0	69.9	79.8	79.8
10.0	7.0	7.5	23.0	11.2	13.8
10.0	1.8	10.0	3.5	7.9	3.5
0.0	1.8	2.5	2.7	1.1	1.6
0.0	3.5	0.0	0.9	0.0	1.3
90.0	87.7	82.5	79.7	83.2	83.0
0.0	7.0	10.0	16.8	11.2	14.1
0.0	1.8	2.5	0.0	2.3	0.6
0.0	0.0	5.0	2.7	2.3	1.0
10.0	3.5	0.0	0.9	1.1	1.3
10.0	15.8	15.0	11.5	19.1	17.9
(10)	(57)	(40)	(113)	(89)	(312)

Table C.7 Characteristics of child care arrangements used during programs by mothers with youngest child age 6 or older

Characteristic	AUL		CET	
	Control	Treatment	Control	Treatment
Among Program Participants				
Type of Child Care Arrangement Used in First In-Program Month in Which Care Was Used [a]				
No child care reported during program	61.1	60.9	43.9	57.8
Formal care	2.8	10.9	7.3	5.9
Nonrelative care	2.8	3.6	12.2	11.9
Relative care	22.2	10.9	22.0	18.5
Other care arrangements [b]	0.0	1.8	2.4	0.0
Missing	11.1	11.8	12.2	5.9
Percent of Treatments Who Used Site-Affiliated Child Care Center [c]	n.a.	n.a.	n.a.	3.7
Number of Program Participants	(36)	(110)	(41)	(135)
Among Those Who Used Child Care While in a Program				
Type of Child Care Arrangement Used in First In-Program Month in Which Care Was Used [a]				
Formal care	10.0	40.0	16.7	16.4
Nonrelative care	10.0	13.3	27.8	32.7
Relative care	80.0	40.0	50.0	51.1
Other care arrangements [b]	0.0	6.7	5.6	0.0
Percent of Treatments Who Used Site-Affiliated Child Care Center [c]	n.a.	n.a.	n.a.	10.2
Month in Which In-Program Child Care Was First Used				
1st month after baseline	60.0	73.3	38.9	71.4
2nd month after	10.0	3.3	16.7	12.2
3rd month after	0.0	3.3	11.1	2.0
4th month after or later	30.0	20.0	33.3	14.3
Number of Children in Care in "Main" Arrangement [d]				
1	60.0	76.7	66.7	65.3
2	40.0	23.3	22.2	26.5
3+	0.0	0.0	11.1	8.2
Mean	1.4	1.2	1.4	1.4

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
40.0	48.9	43.8	62.4	48.1	58.5
0.0	16.0	4.2	2.2	4.4	7.5
20.0	5.3	2.1	11.6	6.7	8.8
20.0	21.3	27.1	16.6	23.7	16.7
10.0	2.1	0.0	1.1	1.5	1.2
10.0	6.4	22.9	6.1	15.6	7.3
n.a.	5.3	n.a.	n.a.	n.a.	n.a.
(10)	(94)	(48)	(181)	(135)	(520)
0.0	35.7	12.5	7.0	12.2	21.9
40.0	11.9	6.3	36.8	18.4	25.8
40.0	47.6	81.3	52.6	65.3	48.9
20.0	4.8	0.0	3.5	4.1	3.4
n.a.	11.9	n.a.	n.a.	n.a.	n.a.
40.0	73.8	6.3	45.6	32.7	64.0
0.0	2.4	12.5	5.3	12.2	6.2
0.0	2.4	6.3	15.8	6.1	6.7
60.0	21.4	75.0	33.3	49.0	23.0
60.0	52.4	50.0	64.9	59.2	64.0
20.0	35.7	37.5	29.8	30.6	29.2
20.0	11.9	12.5	5.3	10.2	6.7
1.6	1.6	1.6	1.4	1.5	1.4

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Table C.7 Continued

	AUL		CET	
Characteristic	**Control**	**Treatment**	**Control**	**Treatment**
Average Price per Child per Week in "Main" Arrangement [d]				
Free Care	70.0	73.3	66.7	49.0
$.01-$9.99	0.0	6.7	5.6	0.0
$10-$19.99	20.0	10.0	11.1	4.1
$20-$29.99	0.0	0.0	5.6	16.3
$30-$39.99	0.0	10.0	5.6	10.2
$40-$59.99	10.0	0.0	0.0	8.2
$60-$79.99	0.0	0.0	0.0	4.1
$80+	0.0	0.0	5.6	2.0
Missing	0.0	0.0	0.0	6.1
Mean for those who use care	$7.2	$5.4	$9.2	$16.9
Mean for those who paid	$24.0	$20.3	$27.7	$35.3
Satisfaction with Care in "Main" Arrangement [d]				
Very satisfied	100.0	83.3	94.4	89.8
Somewhat satisfied	0.0	10.0	5.6	6.1
Not too satisfied	0.0	6.7	0.0	2.0
Not satisfied at all	0.0	0.0	0.0	2.0
Missing	0.0	0.0	0.0	0.0
Dependability of Care in "Main" Arrangement [d]				
Very dependable	90.0	80.0	88.9	93.9
Somewhat dependable	10.0	16.7	5.6	2.0
Not too dependable	0.0	3.3	5.6	2.0
Not dependable at all	0.0	0.0	0.0	2.0
Missing	0.0	0.0	0.0	0.0
Percent Using Other Arrangement(s)	10.0	10.0	5.6	12.2
Number Who Used Care While in Program	(10)	(30)	(18)	(49)

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Child care used during the first month of participation in either the MFSP program or another program is counted in this table, but the program referred to is the MFSP program for the vast majority of treatment group participants. Persons in a program only in the baseline month or after the twelfth month are not included.

n.a. means not applicable.

[a] Categories are hierarchical, in that those counted in each category may also use care in a lower category, but not in a higher category.

[b] Other child care arrangements include foster care, camps, after-school programs, or clubs.

[c] This percentage refers to participants who used the site-affiliated center at any time, not necessarily when they first entered the program.

[d] Since there are no data on hours in each arrangement, we classified the "main" arrangement for those using multiple arrangements as that arrangement which is highest in the hierarchical ordering.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
60.0	52.4	50.0	47.4	61.2	53.4
0.0	2.4	6.3	1.8	4.1	2.2
20.0	9.5	18.8	10.5	16.3	8.4
0.0	19.0	6.3	19.3	4.1	15.2
20.0	2.4	0.0	10.5	4.1	8.4
0.0	4.8	12.5	5.3	6.1	5.1
0.0	2.4	0.0	0.0	0.0	1.7
0.0	0.0	0.0	0.0	2.0	0.6
0.0	7.2	6.3	5.3	0.0	5.1
$10.0	$10.2	$11.3	$12.9	$9.5	$12.2
$25.0	$24.8	$24.1	$25.8	$25.4	$27.8
100.0	76.2	75.0	87.7	89.8	84.8
0.0	14.3	25.0	5.3	10.2	8.4
0.0	4.8	0.0	1.8	0.0	3.4
0.0	0.0	0.0	3.5	0.0	1.7
0.0	4.8	0.0	1.8	0.0	1.7
100.0	81.0	93.8	87.7	91.8	86.5
0.0	9.5	6.3	7.0	6.1	7.9
0.0	4.8	0.0	1.8	2.0	2.8
0.0	0.0	0.0	1.8	0.0	1.1
0.0	4.8	0.0	1.8	0.0	1.7
20.0	19.1	12.5	12.3	10.2	13.5
(5)	(42)	(16)	(57)	(49)	(178)

Table C.8 Characteristics of child care arrangements used during programs by treatment group members, by whether member reported help with child care

Characteristic	AUL		CET	
	Help	No Help	Help	No Help
Among Program Participants				
Type of Child Care Arrangement Used in First In-Program Month in Which Care Was Used [a]				
No child care reported during program [b]	18.2	46.4	9.4	45.1
Formal care	63.0	17.3	51.4	11.9
Nonrelative care	5.2	3.4	13.8	8.4
Relative care	7.1	17.3	19.3	27.7
Other care arrangements [c]	1.3	1.1	0.6	0.5
Missing	5.2	8.9	5.5	6.4
Number of Program Participants	(154)	(179)	(181)	(202)
Among Those Who Used Child Care While in a Program				
Type of Child Care Arrangement Used in First In-Program Month in Which Care Was Used [a]				
Formal care	82.2	44.3	60.4	24.5
Nonrelative care	6.8	8.6	16.2	17.3
Relative care	9.3	44.3	22.7	57.1
Other care arrangements [c]	1.7	2.9	0.7	1.0
Month in Which In-Program Child Care Was First Used				
1st month after baseline	80.5	71.4	76.0	72.5
2nd month after	5.1	8.6	7.1	12.2
3rd month after	5.1	4.3	4.6	1.0
4th month after or later	9.3	15.7	12.3	14.3
Number of Children in Care in "Main" Arrangement [d]				
1	47.5	60.0	64.3	70.4
2	40.7	28.6	27.9	23.5
3+	11.9	11.4	7.8	6.1
Missing	0.0	0.0	0.0	0.0
Mean	1.66	1.51	1.44	1.37

OIC		WOW		Total	
Help	No Help	Help	No Help	Help	No Help
15.6	45.2	14.8	47.9	14.4	47.1
43.7	10.6	29.1	10.7	45.6	12.6
12.1	14.4	25.1	12.2	14.7	9.7
22.6	22.1	25.1	23.8	19.3	23.4
1.0	0.0	1.0	0.3	1.0	0.5
5.0	7.7	4.9	5.2	5.2	6.7
(199)	(104)	(203)	(328)	(737)	(803)
55.1	22.5	36.2	22.7	56.7	27.2
15.2	30.6	31.3	26.0	18.2	21.0
28.5	46.9	31.3	50.7	24.0	50.7
1.3	0.0	1.2	0.7	1.2	1.1
78.5	69.4	49.7	46.8	70.3	61.2
7.6	8.2	7.4	10.4	6.9	10.2
3.2	6.1	12.9	10.4	6.6	6.2
10.8	16.3	30.1	32.5	16.2	22.4
55.1	71.4	68.1	64.9	59.5	66.3
32.9	20.4	24.5	26.6	30.9	25.3
11.4	8.2	7.4	8.4	9.4	8.4
0.0	0.0	0.0	0.0	0.2	0.0
1.58	1.37	1.42	1.45	1.51	1.43

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Table C.8 Continued

Characteristic	AUL Help	AUL No Help	CET Help	CET No Help
Average Price per Child per Week in "Main" Arrangement [d]				
Free care	54.2	50.0	57.8	51.0
$.01-$9.99	8.5	8.6	0.6	4.1
$10-$19.99	2.5	10.0	1.9	3.1
$20-$29.99	7.6	8.6	7.8	13.3
$30-$39.99	10.2	11.4	8.4	11.2
$40-$59.99	7.6	5.7	11.0	7.1
$60-$79.99	6.8	2.9	8.4	5.1
$80+	2.5	1.4	2.6	1.0
Missing	0.0	1.4	1.3	4.1
Mean for those who used care	$16.68	$13.41	$19.70	$15.93
Mean for those who paid	$36.45	$27.21	$47.53	$34.03
Satisfaction with Care in "Main" Arrangement [d]				
Very satisfied	68.6	82.9	86.4	95.9
Somewhat satisfied	20.3	10.0	6.5	2.0
Not too satisfied	7.6	5.7	3.9	1.0
Not satisfied at all	3.4	1.4	2.0	1.0
Missing	0.0	0.0	1.3	0.0
Dependability of Care in "Main" Arrangement [d]				
Very dependable	78.0	80.0	89.0	95.9
Somewhat dependable	16.1	18.6	7.1	2.0
Not too dependable	5.1	1.4	1.3	1.0
Not dependable at all	0.9	0.0	0.7	1.0
Missing	0.0	0.0	2.0	0.0
Percent Using Other Arrangement(s)	21.2	14.3	30.5	13.3
Number Who Used Care While in Program	(118)	(70)	(154)	(98)

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Child care used during the first month of participation in either the MFSP program or another program is counted in this table, but the program referred to is the MFSP program for the vast majority of treatment group participants. Persons in a program only in the baseline month or after the twelfth month are not included.

[a] Categories are hierarchical, in that those counted in each category may also use care in a lower category, but not in a higher category.

[b] Those who report "help with care" but did not use care while in a program in the year after random assignment may have received help with care after the twelfth month.

[c] Other child care arrangements include foster care, camps, after-school programs, or clubs.

[d] Since there are no data on hours in each arrangement, we classified the "main" arrangement for those using multiple arrangements as that arrangement which is highest in the hierarchical ordering.

OIC		WOW		Total	
Help	No Help	Help	No Help	Help	No Help
58.2	61.2	41.1	53.2	52.6	53.1
0.6	2.0	3.1	2.6	2.9	4.0
7.0	4.1	5.5	5.2	4.4	5.4
10.8	18.4	12.9	13.6	9.9	13.2
8.2	6.1	9.8	7.8	9.1	9.2
4.4	6.1	20.2	13.0	11.1	9.2
7.0	0.0	2.5	0.6	6.1	2.2
0.6	2.0	1.8	2.6	1.8	1.6
3.2	0.0	3.0	1.2	2.0	1.8
$13.85	$11.31	$20.19	$16.35	$17.68	$15.00
$34.74	$29.17	$34.89	$35.50	$38.19	$32.69
81.7	79.6	77.9	79.9	79.3	84.6
11.4	16.3	17.2	12.3	13.5	9.7
3.2	4.1	2.5	4.6	4.1	3.8
0.6	0.0	1.8	2.6	1.9	1.6
3.2	0.0	0.6	0.7	1.4	0.3
88.6	89.8	90.2	82.5	87.0	86.5
7.0	6.1	7.4	14.9	8.9	11.1
1.9	4.1	0.6	0.0	2.0	1.1
0.0	0.0	1.2	2.0	0.7	1.1
2.5	0.0	0.6	0.7	1.4	0.3
27.2	10.2	13.5	11.7	23.1	12.4
(158)	(49)	(163)	(154)	(593)	(371)

Table C.9 Baseline characteristics of the treatment and control groups by receipt of major services and by site (means and percentages)

	Major Services		No Major Services	
Characteristic	**Control**	**Treatment**	**Control**	**Treatment**
AUL - Atlanta				
Age	27.0	28.3	28.3	28.7
Number in Household	3.9	3.9	4.2	4.1
Number of Other Adults in Household	0.55	0.61	0.70	0.74
Number of Own/Stepchildren	1.9	2.0	2.1	1.9
Age of Youngest Child	4.6	5.0	4.8	5.6
Percent Who Used Child Care	42.1	43.7	44.7	43.6
Highest Grade Completed	11.3	11.3	11.3	11.6
Weeks Worked Last Year	11.8	14.2	14.9	15.4
Earnings Last Year	$1,832.41	$1,984.27	$1,930.79	$2,431.66
Average Hourly Wage	$4.33	$4.34	$4.20	$4.88
Total Income of Minority Single Mother	$4,820.31	$5,432.18	$5,227.15	$5,434.44
Total Household Income	$7,607.54	$8,377.50	$8,214.30	$8,356.20
Percent Never Married	63.2	57.0	63.9	56.5
Percent Received AFDC Last Year	67.4	72.0	63.5	62.9
(Number in Sample)	(95)	(300)	(208)	(124)
CET - San Jose				
Age	27.6	28.9	28.6	31.2**
Number in Household	4.2	4.4	4.3	4.3
Number of Other Adults in Household	0.62	0.79	0.74	0.73
Number of Own/Stepchildren	1.7	1.8	1.7	1.7
Age of Youngest Child	4.8	5.0	5.3	5.9
Percent Who Used Child Care	42.7	45.0	43.8	37.5
Highest Grade Completed	10.6	9.9***	9.9	10.0
Weeks Worked Last Year	10.9	13.8	13.3	14.5
Earnings Last Year	$1,514.20	$2,119.31*	$1,618.15	$1,896.14
Average Hourly Wage	$5.41	$5.25	$5.46	$5.69
Total Income of Minority Single Mother	$6,861.91	$6,846.52	$6,342.73	$6,101.26
Total Household Income	$11,329.37	$11,419.93	$10,418.32	$11,037.70
Percent Never Married	55.3	49.9	45.5	46.3
Percent Received AFDC Last Year	72.8	67.4	69.4	58.8*
(Number in Sample)	(103)	(387)	(242)	(80)

Table C.9 Continued

	Major Services		No Major Services	
	Control	Treatment	Control	Treatment
OIC - Providence				
Age	26.1	27.5	26.1	26.9
Number in Household	3.5	3.6	3.8	3.7
Number of Other Adults in Household	0.21	0.46**	0.52	0.34
Number of Own/Stepchildren	2.0	1.9	1.9	1.9
Age of Youngest Child	3.0	4.3***	3.9	3.7
Percent Who Used Child Care	21.3	33.5*	26.3	38.2*
Highest Grade Completed	11.2	11.0	10.9	11.3
Weeks Worked Last Year	9.2	8.2	8.4	9.5
Earnings Last Year	$1,424.85	$1,103.53	$896.02	$1,218.36
Average Hourly Wage	$4.29	$4.43	$4.27	$4.37
Total Income of Minority Single Mother	$7,017.23	$6,413.82	$5,955.13	$6,280.70
Total Household Income	$8,407.21	$9,619.58*	$9,716.45	$8,644.55
Percent Never Married	55.3	62.4	67.0	68.5
Percent Received AFDC Last Year	89.4	83.6	87.3	80.9
(Number in Sample)	(47)	(287)	(118)	(89)
WOW - Washington, D.C.				
Age	26.7	28.5***	28.3	27.9
Number in Household	5.1	4.3***	4.7	4.4*
Number of Other Adults in Household	1.4	1.1	1.3	1.1
Number of Own/Stepchildren	1.8	1.7	1.7	1.7
Age of Youngest Child	4.0	5.2***	5.1	5.1
Percent Who Used Child Care	44.6	48.2	45.9	49.2
Highest Grade Completed	10.9	11.1	11.0	10.8
Weeks Worked Last Year	12.7	15.3*	14.3	14.5
Earnings Last Year	$2,089.88	$2,230.04	$2,186.29	$2,327.29
Average Hourly Wage	$4.60	$4.50	$4.74	$4.70
Total Income of Minority Single Mother	$5,764.93	$5,832.04	$5,764.38	$5,802.36
Total Household Income	$14,992.53	$14,554.28	$14,800.43	$12,900.38*
Percent Never Married	76.8	72.6	73.7	72.7
Percent Received AFDC Last Year	67.3	62.1	63.0	59.1
(Number in Sample)	(168)	(459)	(403)	(242)

SOURCE: Baseline and 12-month follow-up interviews with MFSP program applicants.

*/**/*** Treatment-control difference is significantly different from zero at the 90/95/99 percent levels of confidence.

Appendix D

Child care arrangements used in the year after random assignment

In this appendix, we compare the extent to which child care was used by the treatment and control groups in the year after the baseline interview, and the characteristics of the arrangements that were used by the two groups. We then consider the trends in child care use over the course of the year.

Types of child care used

The upper panel of Table D.1 presents data on the proportions of the treatment and control groups who used child care at any time during the year after baseline, and the proportions who used specific types of care. Both in the total sample and at three of the four sites, treatment group members were significantly more likely to have used child care than were control group members. The one site with no significant difference is AUL. Among the other sites, the increase in child care use was largest at OIC, where the program was particularly active at providing child care assistance and the largest proportion of sample members had preschool children. Not surprisingly, control group members were also very likely to use child care, since most worked or were in training at some time during the year and had young children; overall, 57 percent used care in the control group, compared with 64 percent in the treatment group.

The upper panel of Table D.1 then shows the proportions who used each type of child care at some time during the year, broken down by the setting of care. The most striking finding is that, while the proportions who arranged for care in their child's home and care in another home are very similar for the treatment and control groups, the proportion who used formal care in the treatment group is 80 percent higher than in the control group (27 percent of treatment group members used formal care, compared with 15 percent of the control group). The increase in the use of formal care is large and statistically significant at all four sites.

Of course, an increase in the use of formal care while the use of other types of care remains about the same implies that relatively more of those who used care were relying on formal care, while relatively fewer were relying on other types of arrangements. This shift is illustrated in the lower panel of Table D.1, which shows the proportions of those using care who used each specific type of care. Among users of child care, 42 percent of the treatment group members used formal care, compared with 26 percent of the control group, a 60 percent increase in the use of formal care overall. The proportionate increase in formal care was smallest in Atlanta, where the largest proportion of the control group used formal care, and largest in San Jose and Providence, where the MFSP projects offered on-site child care centers. The use of informal providers in both the child's home and other private homes declined among treatment group members who used care relative to control group members. Among child care users at AUL and CET, the use of both types of care by both the treatment and control groups declined in equal proportion as formal care increased. At OIC, the use of care in another home (by relatives or nonrelatives) was lower for the treatment group, while the use of care at home was about the same for both groups. In contrast, at WOW, the use of care in the child's home (usually care by relatives) was lower among the treatment group, while the use of care in other homes was about the same.

The relative increase in the use of formal care is very striking and seems to be an effect of the MFSP program. However, we cannot judge the extent to which the increase stems from women who would have made other arrangements to enter training but switched to formal care when offered a subsidy, or from women who would not have made arrangements on their own but made formal care arrangements with assistance from the program. In either case, the child care assistance offered by the program appears to have been used. To the extent that formal care programs are more likely to offer an educational component, it may represent an increase in the quality of the care received by the children.[1]

Tables D.2 to D.4 present the same information as in Table D.1, broken down by the age of the youngest child as of the baseline interview. The pattern of an increase in the use of nonmaternal care arrangements among the treatment group is found regardless of the age of the child. Not surprisingly, the relatively greater use of formal care among the treatment group is concentrated among mothers with preschool children. (Tables D.2 to D.10 appear at the close of this appendix.)

Number and duration of child care arrangements

While the data in Table D.1 provide a broad picture of the extent to which various child care arrangements were used, we can develop a more detailed comparison of the extent of child care use by treatment and control group members by examining the duration of child care arrangements for those who used care, and the extent to which women used multiple arrangements. This information is presented in Table D.5 for the full sample, and in Tables D.6 to D.8 for the groupings by age of the youngest child.

On average, Table D.5 indicates that treatment group members who used care did so somewhat longer than did control group members (8.1 months versus 7 months). The increase in the duration of child care use due to the MFSP program occurred at all sites except WOW, but is statistically significant only at OIC and CET, where control group members used care for shorter periods of time than was true at the other sites. The increased average duration of child care for the treat-

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[1] We are puzzled about the lack of a corresponding impact on the use of care by nonrelatives in another home (which includes family day care providers), which was also often subsidized. The programs may have referred women more often to formal providers, or the women themselves may have preferred center care when it was affordable. Another problem (as noted earlier) is that the category of care by nonrelatives in another home is broader than the group of licensed providers to which the program would have referred participants; thus, the effects of the programs may be obscured.

Table D.1 Use of child care in 12 months after baseline, by experimental status and site (percent distribution)

	AUL		CET	
	Control	Treatment	Control	Treatment
For Entire Sample				
Percent Who Used Child Care in 12 Months after Baseline	59.1	61.2	58.0	66.6**
Type(s) of Providers Used[a]				
Care in child's home:	17.2	12.7	24.1	24.4
by child's father	0.7	0.5	2.9	1.5
by child's sibling	3.0	0.9	3.2	2.4
by grandparent	6.9	7.1	10.7	10.5
by other relative	4.3	2.4	4.1	5.6
by nonrelative	2.0	2.1	4.1	4.9
Care in another home:	24.1	20.7	26.7	28.3
by child's father	0.7	0.0	0.3	0.2
by grandparent	9.6	8.0	7.3	9.4
by other relative	6.3	5.9	8.4	6.9
by nonrelative	9.6	7.1	12.2	13.3
Formal care:	24.4	36.5***	13.1	28.5***
in nursery school or Head Start	11.6	16.5	2.3	5.6
in group care center	12.9	20.2**	10.7	24.4***
Other arrangement	1.7	1.9	2.0	1.3
Number of Observations	303	425	345	467
For Those Who Used Care				
Type(s) of Providers Used[a]				
Care in child's home:	29.0	20.8**	41.5	36.7
by child's father	1.1	0.8	5.0	2.3
by child's sibling	5.0	1.5*	5.5	3.5
by grandparent	11.7	11.5	19.0	15.8
by other relative	7.3	3.9	7.0	8.4
by nonrelative	3.4	3.5	7.0	7.4
Care in another home:	40.8	33.8	46.0	42.4
by child's father	1.1	0.0	0.5	0.3
by grandparent	16.2	13.1	12.5	14.2
by other relative	10.6	9.6	14.5	10.3
by nonrelative	16.2	11.5	21.0	19.9
Formal care:	41.3	59.6***	22.5	42.8***
in nursery school or Head Start	19.6	26.9*	4.0	8.7**
in group care center	21.8	33.1***	18.5	36.7***
Other arrangement	2.8	3.1	4.0	2.6
Number of Respondents Who Used Care	179	260	200	311

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

[a] Each mother could indicate more than one care location, and more than one provider within each location. Thus, percentages using each location do not sum to 100 percent, and percentages for providers in each location may not sum to the percentage using that location.

*/**/*** Treatment-control difference is statistically significant at the 90/95/99 percent levels of confidence.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
54.6	69.4***	55.2	62.2**	56.7	64.4***
15.8	19.2	23.5	22.1	21.3	20.1
1.2	0.3	1.1	0.6	1.5	0.7
1.2	1.1	1.4	1.9	2.2	1.6
6.7	6.1	11.4	10.1	9.7	8.7
5.5	7.2	6.7	7.0	5.4	5.6
2.4	5.1	3.1	3.5	3.0	3.9
31.5	31.4	27.3	29.3	27.0	27.6
0.0	0.3	0.4	0.0	0.4	0.1
6.7	10.4	7.9	6.7	8.0	8.3
12.1	7.7	5.6	6.3	7.2	6.6
13.9	14.4	14.5	17.0	12.8	13.5
15.8	31.1***	10.3	17.8***	14.7	26.9***
4.2	8.2*	3.9	5.7	5.2	8.5***
11.5	23.4***	6.5	12.0***	9.5	18.8***
3.0	2.4	1.2	0.7	1.7	1.4
165	376	571	701	1,384	1,969
28.9	27.5	42.5	35.6*	37.6	31.2***
2.2	0.4	1.9	0.9	2.6	1.1**
2.2	1.5	2.5	3.0	3.8	2.5
12.2	8.8	20.6	16.3	17.2	13.6**
10.0	10.3	12.1	11.2	9.4	8.8
4.4	7.3	5.7	5.7	5.4	6.0
57.8	45.2**	49.5	47.0	47.6	42.8**
0.0	0.4	0.6	0.0	0.6	0.2
12.2	15.3	14.3	10.8	14.0	13.0
22.2	11.5**	10.2	10.1	12.8	10.3*
25.6	20.7	26.4	27.3	22.6	20.9
28.9	44.8***	18.7	28.7***	26.0	41.8***
7.8	11.9	7.0	9.2	9.2	13.3***
21.1	33.7**	11.8	19.3***	16.8	29.3***
5.6	3.5	2.2	1.2	3.2	2.4
90	261	315	436	784	1,268

ment group is caused largely by an increase in the proportion who used child care for most of the year. About 49 percent of the child care users in the treatment group used care for 10 to 12 months out of the year, while only 40 percent of the child care users in the control group used care for that length of time. Tables D.6 to D.8 show that the increased average duration of child care for the treatment group occurred entirely among mothers with preschool children. The data on duration confirm that the extent of child care use among the control group is fairly large in itself, but that the program led to a substantial increase.

Treatment group members also used significantly more providers on average during the year, although about three-quarters of both treatment and control group members who used care used only one provider during the year. Treatment-control differences in the number of arrangements were present largely at CET, where 30 percent of the child care users in the treatment group, but only 18 percent of the child care users in the control group, reported multiple arrangements.[1] The greater use of multiple arrangements among the treatment group may be due to several factors: (1) treatment group members used child care for longer periods of time, so that, given a constant probability of having to change providers each month, we would expect them to make more changes; (2) treatment group members may have used more secondary arrangements, perhaps because they needed care for more hours each day or because formal care arrangements have less flexible hours; and (3) treatment group members may have experienced more transitions in their economic activities—in particular, they may have been forced to change their arrangements after leaving the program.

Average cost of, satisfaction with, and dependability of child care arrangements used

In the 12-month follow-up interview, users of each care setting (location) were asked about the cost of care in that setting, and asked to rate their satisfaction with and the dependability of that care.[2] Table D.9 tabulates this information.[3] Responses for each care setting reflect only the users of that setting; mothers who used several settings are included in the table once for each setting used.

Costs of care. The costs of care in the child's home and of care in another home (both of which may be provided by relatives or nonrelatives) were very similar for treatment and control group members who used these care settings. Care in the home averaged $14 per week for control group members and $16 per week for treatment group members; care in another home averaged $22 per week for control group members and $21 per week for treatment group members.[1] Roughly half of both the treatment and control group who used care in the child's home did not pay for this care; in contrast, only about a third of those who used care in another home received it free. Among the sites, the costs of both types of care were highest at CET and WOW. Although these samples are too small to draw firm conclusions, this pattern is consistent with the higher wage levels at these two sites (see Burghardt and Gordon, 1988), since relatives or friends who provided care had higher-paying employment alternatives available to them than in the other sites, and the mothers who placed their children in care tended to have higher earnings.

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[1] Tables D.6 to D.8 further indicate that the treatment-control differences in the number of arrangements used were found only among mothers of preschool children.

[2] The cost question was phrased as follows: "On average, how much did you pay for child care in (place) per child per week?" Because we have no information on hours of use in each arrangement, we cannot assess the extent to which treatment-control differences in reported costs may reflect differences in the number of hours that their children spent in each arrangement. The question on satisfaction asked mothers whether they were "very satisfied, somewhat satisfied, not too satisfied, or not satisfied at all" with care in the location, and the question on dependability used a similar scale.

[3] Table D.10 breaks down the cost information by detailed provider.

Those who were paying for care in their home or another home tended to be paying a substantial amount; on average, across all sites, both treatment and control group members reported paying from $30 to $35 per child per week. These amounts do not reflect simply payment for care provided by nonrelatives; although relatives charged for child care less frequently, mothers who did pay reported that they paid all categories of relatives and nonrelatives between $30 and $40 per week per child on average (see Table D.10). These averages disguise a wide range of reported costs (from $1 per week to over $100) and exhibit large variances. However, these data challenge the generally held notion that care by relatives costs very little.

In contrast, the data on the costs of formal care arrangements show substantial treatment-control differences among users of formal care; on average, control group members paid $19 per week, and treatment group members paid $14 per week. This difference is accounted for entirely by the fact that a higher proportion of the treatment group received free care (59 percent versus 44 percent). Those who paid for care in each group reported that they paid approximately $35 per week on average, which is much lower than the full fees charged by formal providers at these sites ($57 per week on average, as discussed earlier), which suggests that many of those who paid either were partly subsidized or used centers that were less expensive than average. The lower cost of formal care for the treatment group was plausibly due to the MFSP program, since the program directly subsidized formal care and helped participants obtain other available subsidies.[2] However, it may also reflect differences in the characteristics of the women in the treatment and control groups who used formal care.

The average cost of formal care for control group members who paid was higher at CET ($46 per week) and WOW ($41 per week), but, because larger proportions of control group members received free care at these sites, the average cost for all users of formal care was not higher than the average cost for control group child care users at the other sites. This finding suggests that centers at these sites were more likely to offer full as opposed to partial subsidies. At these two sites, the MFSP program appears to have increased only slightly the proportion who received free care, but it also reduced the price for those who paid. In contrast, at AUL and OIC, the program greatly increased the proportion of formal care users who received free care, while those treatment group members who paid actually paid slightly more on average.

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[1] Reported costs over $100 were excluded from the means, because we judged that these cases would likely be subject to errors. Including these cases would have had very modest effects, and would not have changed any of our conclusions.

[2] The MFSP programs also subsidized licensed family providers who were categorized under nonrelative care in another home, but only at OIC did we find evidence of cost differences for this type of care (see Table D.10).

Satisfaction with and dependability of care

Table D.3 also shows the extent to which mothers who used each type of care were satisfied with their arrangement and its dependability along a four-level scale. Over three-quarters of the mothers who placed their children in child care (regardless of the care setting used or experimental status) reported that they were very satisfied with their care arrangements, and that these arrangements were very dependable; at least 90 percent reported that their arrangements were either very or somewhat satisfactory and either very or somewhat dependable. High levels of reported satisfaction with child care have been found in other studies (Kisker et al., 1989).

Trends over time in the use of child care

We used the data on the beginning and end dates of the use of each child care provider to construct time profiles of child care use in the year after random assignment. We can thus compare the proportion of the treatment group who used child care with the proportion of the control group who used child care in any given month, and consider trends in these proportions over time.

We also coded the "main" type of child care arrangement used in each month. We coded arrangements into the following categories: (1) formal care, (2) nonrelative care (either in the child's home or another home), (3) relative care (either in the child's home or another home), and (4) other miscellaneous arrangements.[1] We present bar graphs which show the patterns of the use of the four types of child care arrangements over the course of the year for each site.

Trends in the use of child care over the year. Figures D.1 to D.4 compare the proportions of treatment and control group members who used care in each site over the year after baseline with the proportions working or in training in each site. At all four sites, the proportion of the treatment group who used child care was greater than or equal to the proportion of the control group who used child care in every month of the year after random assignment. Furthermore, the patterns of child care use over time are similar to the patterns of economic activity over the same months.

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[1] When mothers had used more than one of these arrangements in a month, we coded the arrangement that ranked highest on the list as ordered above, thus ranking arrangements according to their degree of "formality." (See the section on child care in Appendix A, pages 122–127, for further discussion on the assumptions made to construct these timelines.)

For both treatment and control group members, the proportion using child care is usually less than the proportion working or in training. Some women had only school-age children and fit their activities around school hours, or left the children on their own after school. Others may have used informal or irregular arrangements or simply not reported their arrangements. Among those working or in training, the figures show that larger proportions of treatment group members than of control group members were not using regular child care arrangements. Two factors may explain this difference. First, more treatment group members who were economically active were in training, an activity more likely to occur during school hours. Second, sample members were asked about child care arrangements while working, attending training, or looking for work. Control group members spent more time looking for work, and some of the child care arrangements they reported may have been used during job search, rather than during work or training.

The treatment-control differences in child care use were largest in San Jose and Providence, where more of the treatment group used child care in every month. (The differences in economic activity were also largest in these sites.) In both of these sites, the proportion of the control group who used care increased gradually from a level of 10 to 15 percent in the baseline month to a high of around 40 percent in month 7 or 8, and then declined slightly, ending up at between 30 and 35 percent. In contrast, about a third of the treatment group in these sites were already using child care arrangements in the month of random assignment—no doubt because, with the help of the MFSP project staff, some program participants were able to make child care arrangements within a few weeks after random assignment. The proportion of the treatment group who used care increased to a level of over 50 percent in the next three months, and then declined very gradually, reaching a level of between 40 and 50 percent by the end of the year. Thus, more than twice as many treatment group members as control group members were using child care in the first three months of the year when many treatment group members were in the program, but by the end of the year only about 25 percent more treatment group members than control group members were using child care, largely because use among controls increased over time.

In both Atlanta and Washington, in contrast, treatment-control differences in the use of child care were much smaller over the entire year, and the proportions of treatment and control group members who used care were essentially equal in the last quarter, despite the fact that treatment group members continued to be more likely to be working or in training. These two sites exhibit smaller treatment-control differences than the other two sites, both because fewer treatment group members were using care at any point in time than at CET and OIC and because control group members entered work or training and began to use child care arrangements earlier in the year than at CET and OIC. Although the proportions of treatment group members who used care at AUL and WOW were always lower

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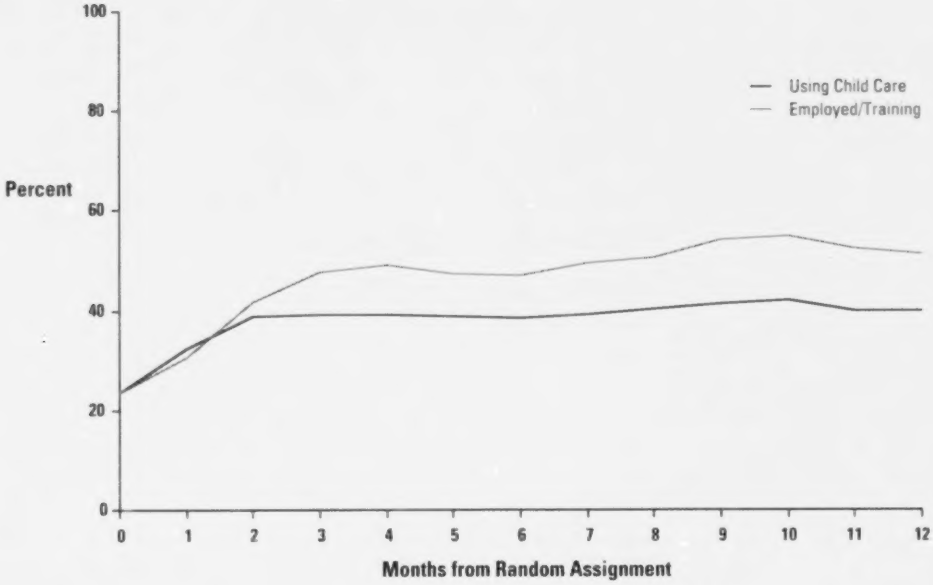
Figure D.1 Comparison of percent using child care and percent working or in training (AUL-Atlanta)

Control Group



Treatment Group

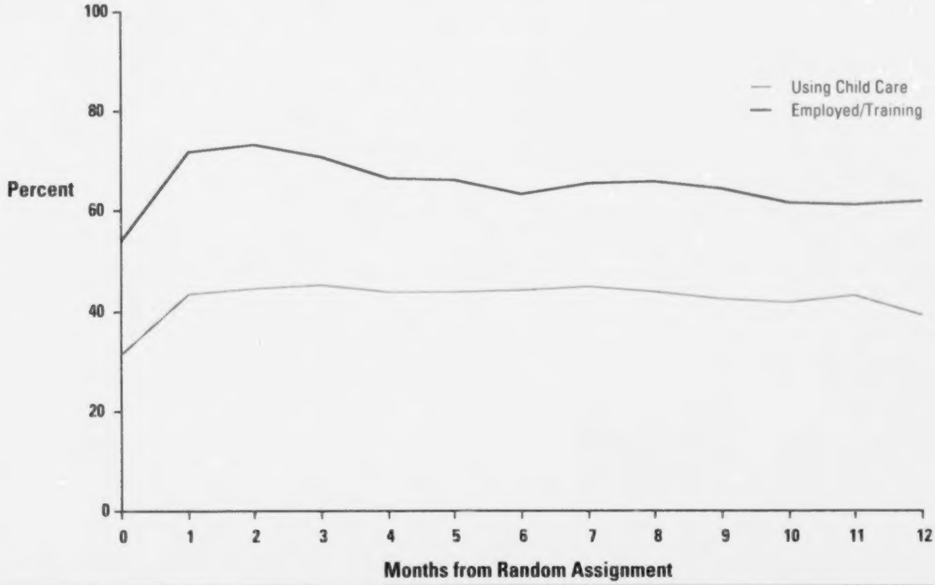
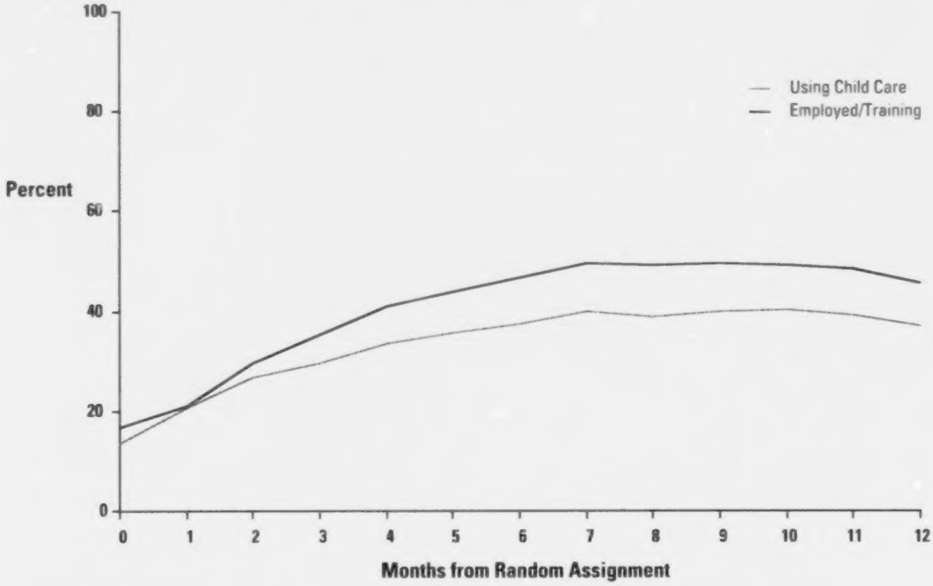


Figure D.2 Comparison of percent using child care and percent working or in training (CET-San Jose)

Control Group



Treatment Group

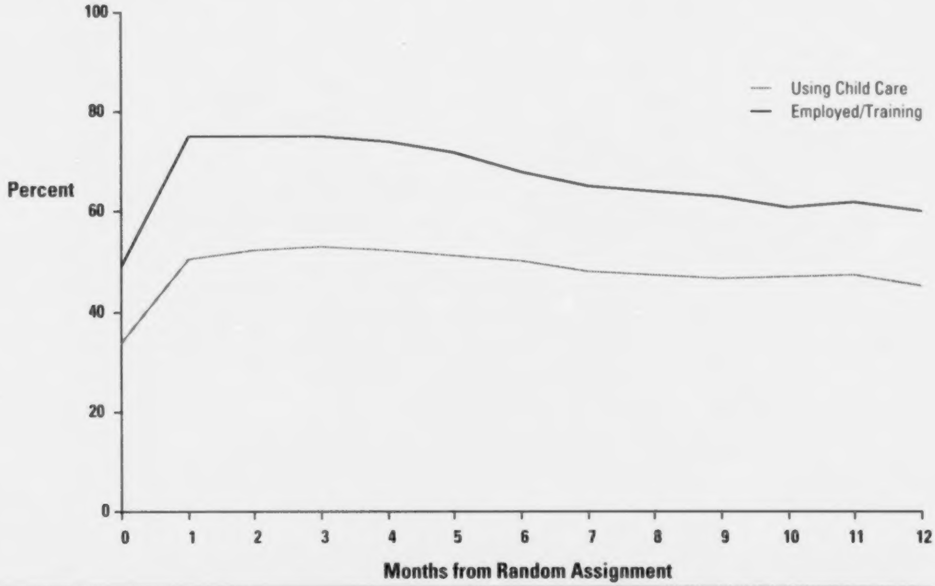
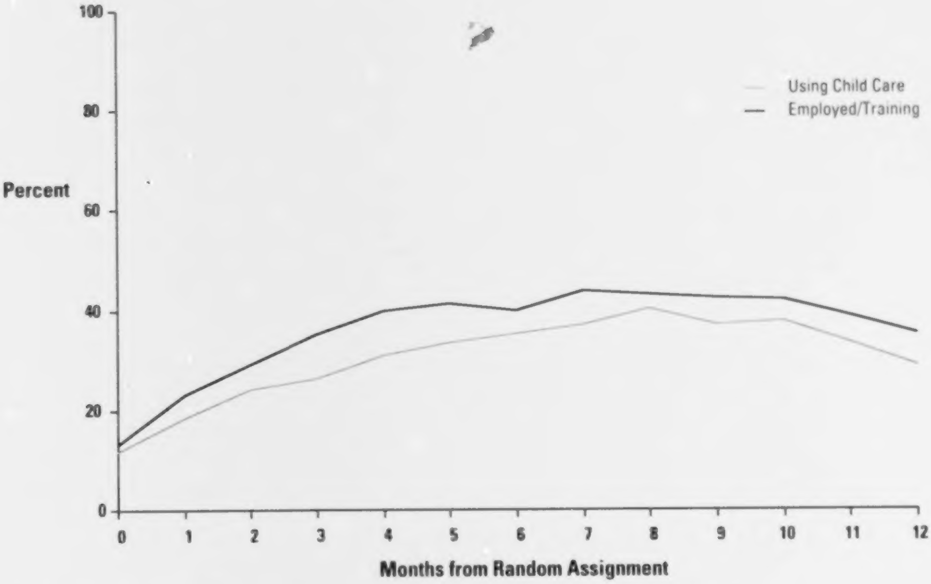


Figure D.3 Comparison of percent using child care and percent working or in training (OIC-Providence)

Control Group



Treatment Group

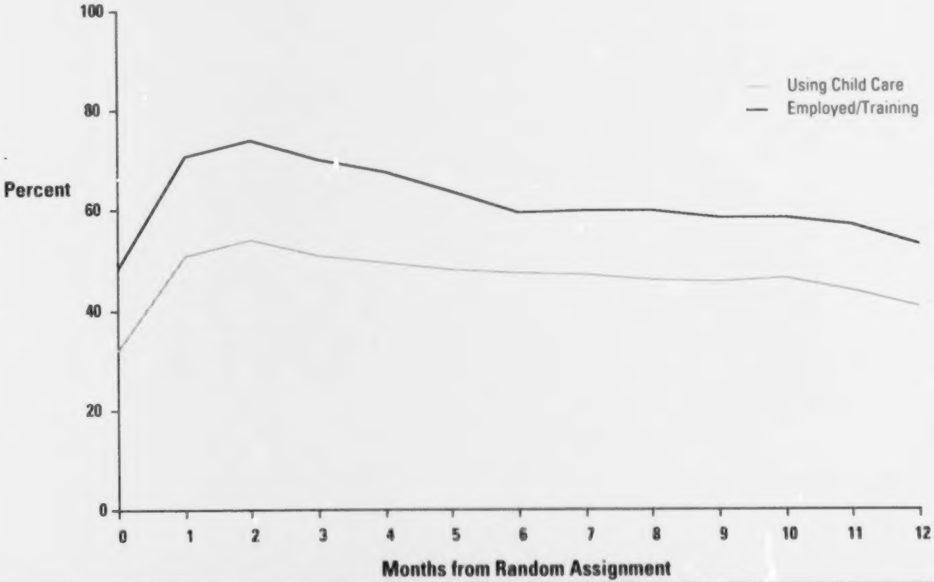
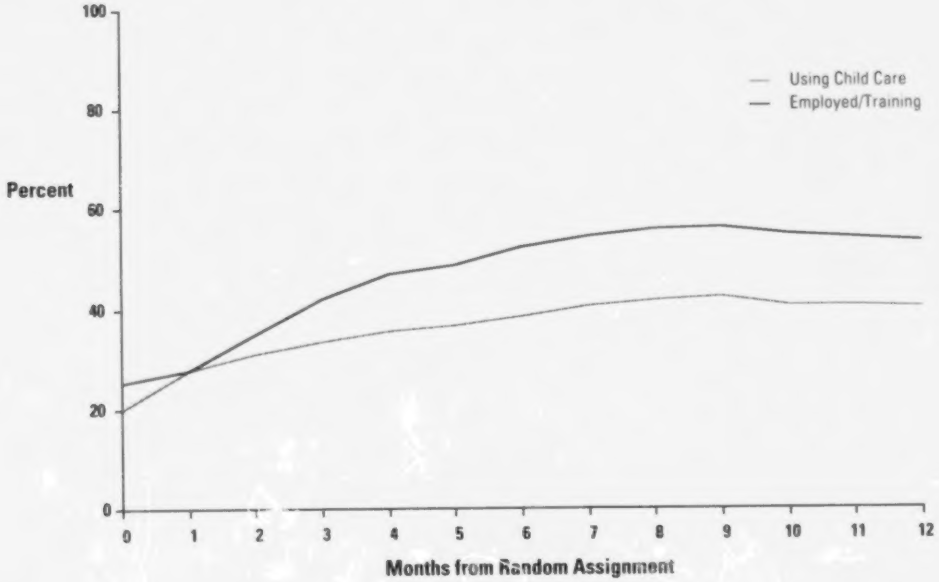
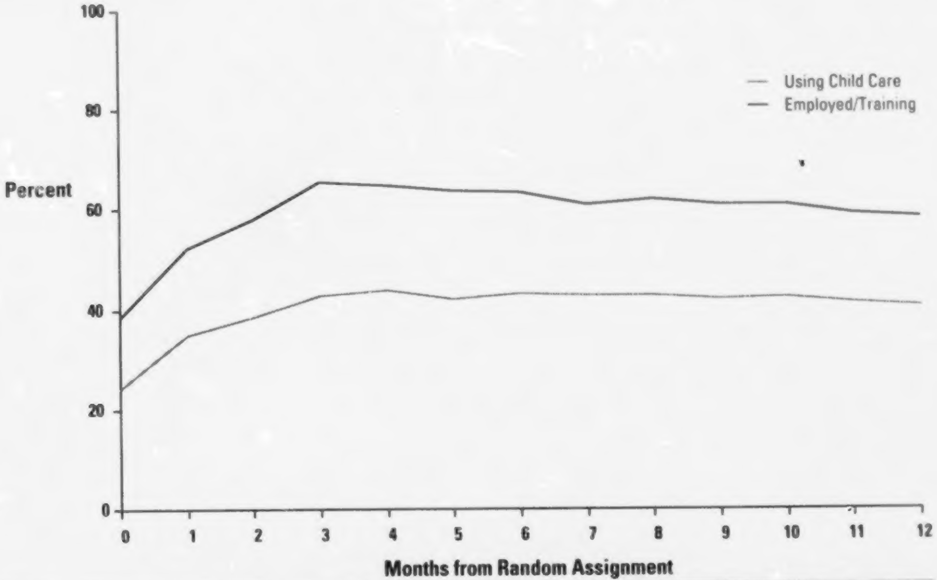


Figure D.4 Comparison of percent using child care and percent working or in training (WOW-Washington, D.C.)

Control Group



Treatment Group



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than at OIC and CET, these proportions did not decline during the latter part of the year, but instead remained close to their peak level. In Washington, the proportion of the treatment group who used care grew more gradually in the first three months after random assignment than in the other sites, which is consistent with some wait time before entering WOW's program and with the perceptions of staff that arranging for child care was an especially time-consuming process at WOW.

Trends in the proportions who used each type of child care. Figures D.5 to D.8 present the trends over time in the use of formal care, nonrelative care, relative care, and miscellaneous other sources of care by sample members at AUL, CET, OIC, and WOW, respectively. These graphs show that the increased use of formal care by treatment group members in all four sites, while at its highest peak in the early part of the year when many treatment group members were in the MFSP program, persisted throughout the year. As with the patterns of the use of all child care, the patterns of the use of formal care over the year in all four sites echo the patterns of overall economic activity for both the treatment and control groups.

In Atlanta, the AUL program increased the use of care throughout the year, while reducing the use of care by relatives and nonrelatives. The size of these effects diminished over time. At CET, the impact of the program was to increase the use of formal care substantially throughout the year, but to an extent which diminished over time, and to raise the level of relative care being used during the first half of the year. In Providence, the OIC program appears to have increased the use of formal care substantially, although the effect declined somewhat over time, but also appears to have led to an earlier and more stable use of care by relatives and nonrelatives. Finally, the effect of the program at WOW was to substantially increase the proportion who used formal care throughout the year, to increase the proportion who used nonrelative care in the first half of the year, and to reduce the proportion who used relative care after the first quarter.

Synthesis of trends in the overall use of child care and the types of care used. Among treatment group members at AUL, CET, and OIC, the use of formal child care increased dramatically in the first three months of the year and then declined gradually. Increases in the use of other forms of care were more modest, and their use tended to be more stable throughout the year. At AUL, other forms of care increased over time, especially relative care, so that the proportion of the treatment group who used child care was nearly constant. At OIC and CET, the overall proportion who used child care declined to some extent. The declines in child care use at these two sites may indicate either that some women, upon leaving the program, could not (or did not choose to) find a job or go into further training, and thus did not need child care, or that women could not find a job which would pay enough to enable them to afford child care once the program subsidy was no longer available.

In contrast, treatment group members at WOW began to use child care more gradually than did their counterparts in the other sites, and increased their use of all forms of child care in about equal proportions. Treatment group members at WOW used formal care to a much lower extent than at the other sites, although still to a greater extent than did the control group at WOW. The proportions who used each type of care were quite stable in the last half of the year. WOW's approach to providing child care placed more emphasis on teaching program participants how to arrange for care and to obtain subsidies on their own than was true of the approaches to child care assistance adopted by the other projects; bureaucratic obstacles also slowed down the process of arranging for child care at WOW. One possible interpretation of these data is that the emphasis on self-reliance at WOW, while possibly making it more difficult for women to participate in the program, helped those who were successful at finding care to maintain their arrangements after they left the program.

The use of all types of child care by the control group tended to increase over time, as more women found jobs and/or entered training programs—trends which also contributed to the decline in the treatment-control differences in the use of care as the year progressed. The only exception was in Atlanta, where the proportion of the control group who used child care rose quickly and then stabilized; however, a greater number of control group members used relative care early in the year and more used formal care later on. Control group members in Atlanta perhaps used relative care temporarily as they searched for a job or a training program, or searched for a more permanent child care arrangement.[1]

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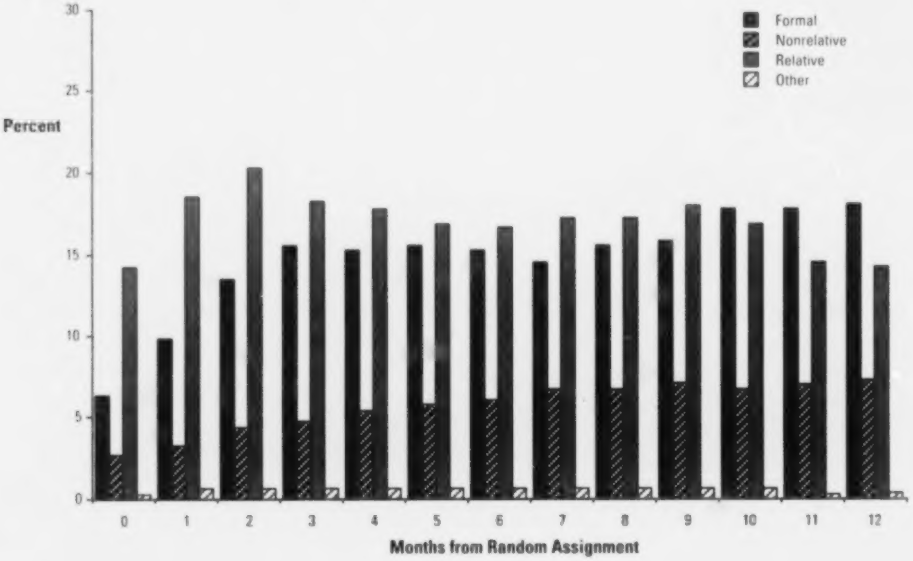
[1] It is also important to remember that these trends over time may mask shifts in the composition of the group who used child care.

Figure D.5 Trends in child care arrangements (AUL-Atlanta)

Control Group



Treatment Group

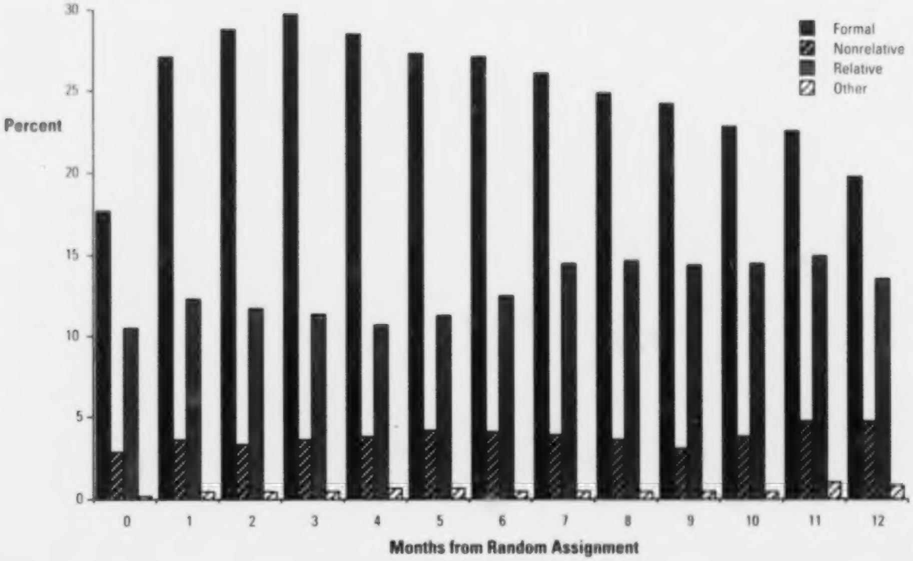
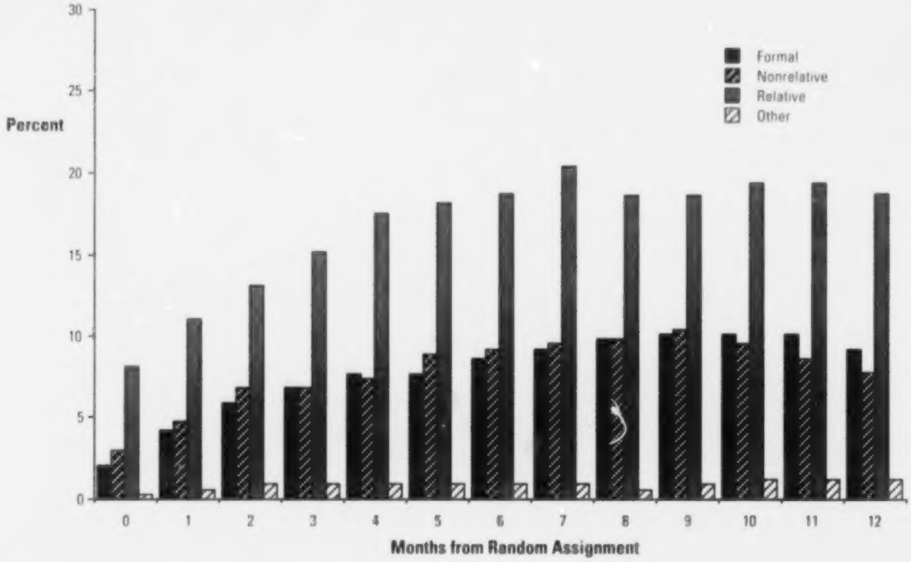


Figure D.6 Trends in child care arrangements (CET-San Jose)

Control Group



Treatment Group

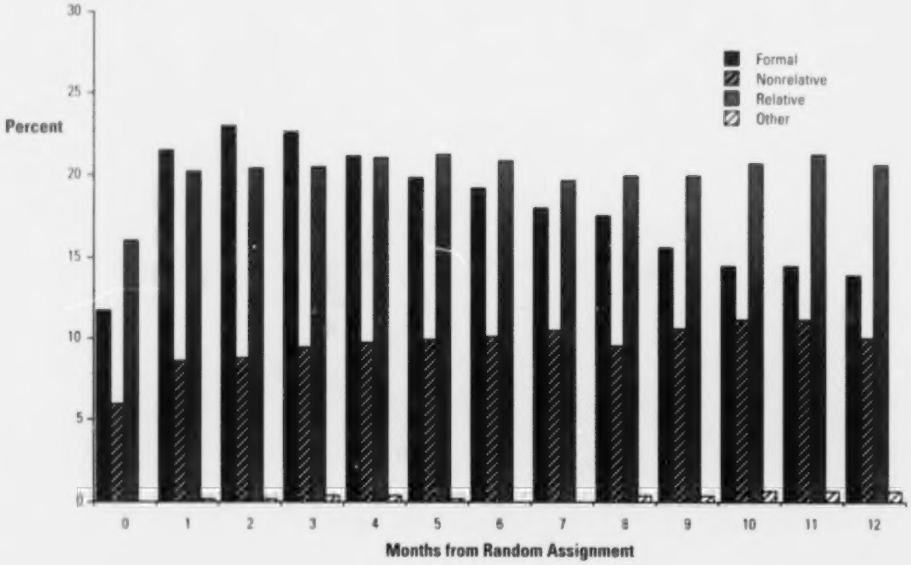
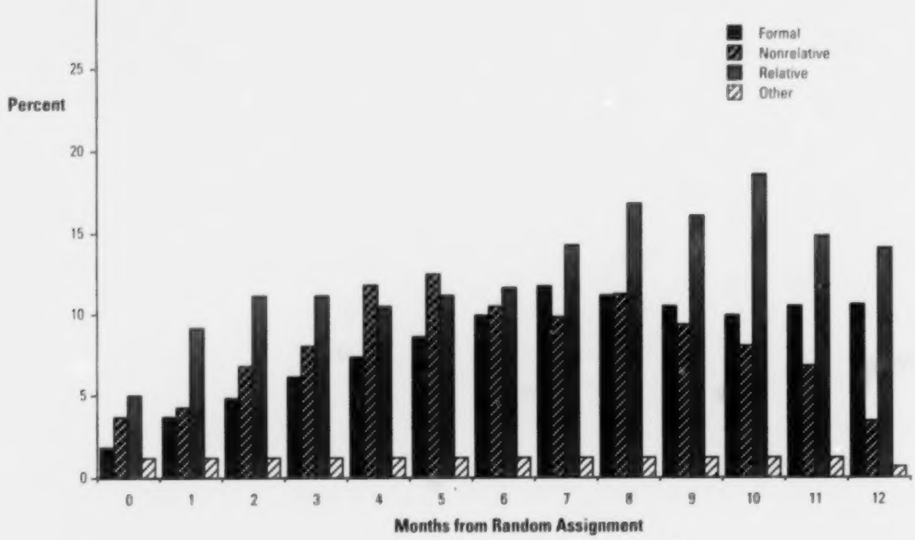


Figure D.7 Trends in child care arrangements (OIC-Providence)

Control Group



Treatment Group

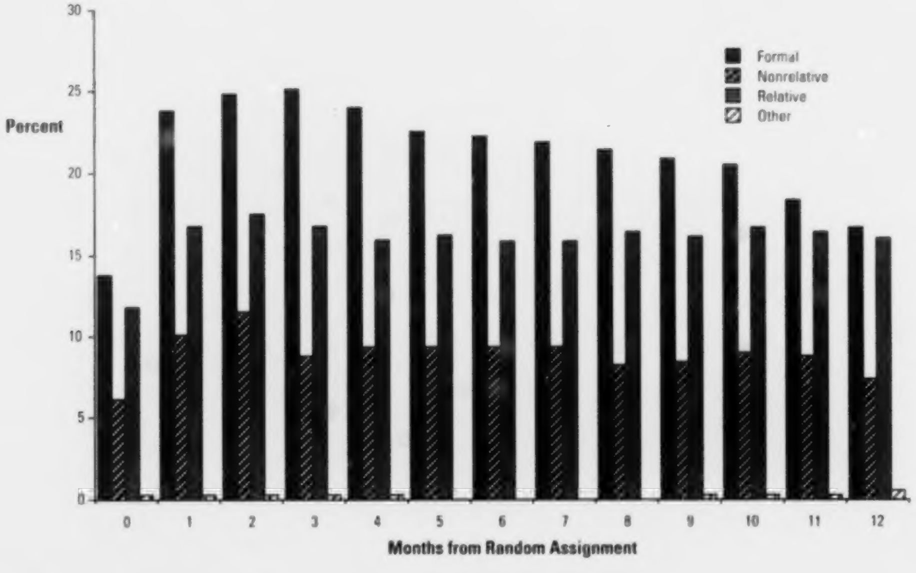
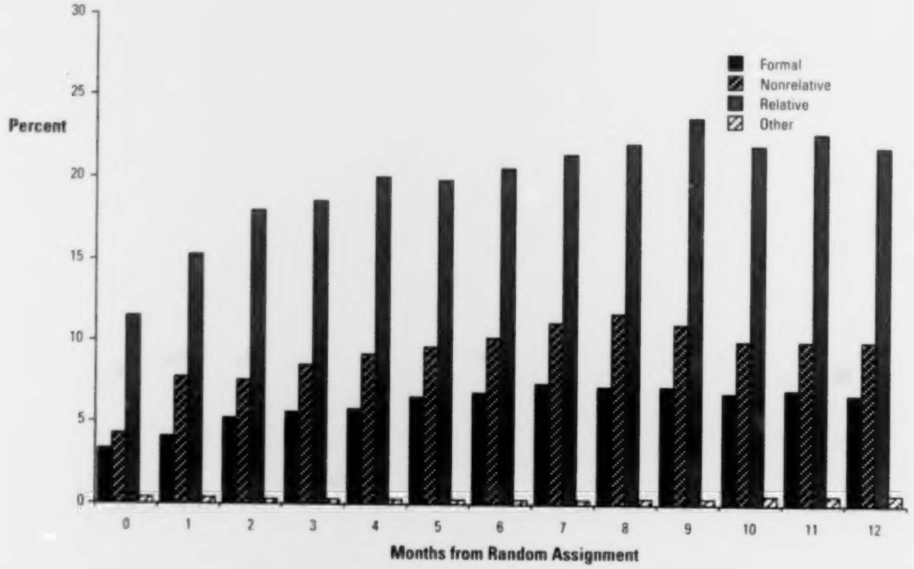


Figure D.8 Trends in child care arrangements (WOW-Washington, D.C.)

Control Group



Treatment Group

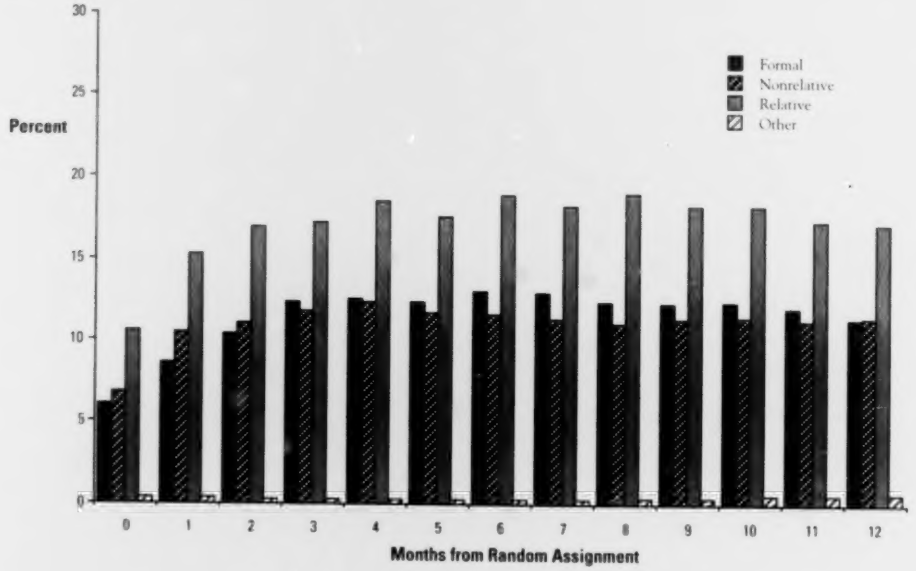


Table D.2 Use of child care by mothers with youngest child from age 0 to 2 in 12 months after baseline, by experimental status and site (percent distribution)

	AUL		CET	
	Control	Treatment	Control	Treatment
For Entire Sample				
Percent Who Used Child Care in 12 Months After Baseline	73.3	84.6 **	72.2	82.2 **
Type(s) of Providers Used[a]				
Care in child's home:	23.3	16.0	28.6	32.8
by child's father	0.8	0.6	4.0	2.3
by child's sibling	1.7	0.6	1.6	0.6
by grandparent	10.0	10.3	14.3	13.8
by other relative	7.5	1.9 **	5.6	7.5
by nonrelative	0.8	3.2	3.2	8.1
Care in another home:	29.2	31.4	33.3	35.1
by child's father	0.0	0.0	0.8	0.6
by grandparent	12.5	9.0	10.3	13.8
by other relative	8.3	10.3	7.9	8.6
by nonrelative	13.3	10.9	18.3	14.9
Formal care:	33.3	53.9 ***	17.5	37.9 ***
in nursery school or Head Start	15.0	26.9 **	4.0	7.5
in group care center	15.8	25.6 **	13.5	32.8 ***
Other arrangement	1.7	2.6	1.6	0.0
Number of Observations	120	156	126	174
For Those Who Used Care				
Type(s) of Providers Used[a]				
Care in child's home:	28.4	18.9	39.6	39.9
by child's father	1.1	0.8	5.5	2.8
by child's sibling	2.3	0.8	2.2	0.7
by grandparent	13.6	12.1	20.9	16.8
by other relative	10.2	2.3	7.7	9.1
by nonrelative	1.1	3.8	4.4	9.8
Care in another home:	39.7	37.1	46.2	42.7
by child's father	0.0	0.0	1.1	0.7
by grandparent	17.1	10.6	14.3	16.8
by other relative	11.4	12.1	11.0	10.5
by nonrelative	18.2	12.9	25.3	18.2
Formal care:	42.0	63.6 ***	24.2	46.2 ***
in nursery school or Head Start	20.5	31.8 *	5.5	9.1
in group care center	21.6	30.3	18.7	40.6 ***
Other arrangement	2.3	3.0	3.3	0.7
Number of Respondents Who Used Care	(88)	(132)	(91)	(143)

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

[a] Each mother could indicate more than one care location, and more than one provider within each location. Thus, percentages using each location do not sum to 100 percent, and percentages for providers in each location may not sum to the percentage using that location.

*/**/*** Treatment-control difference is statistically significant at the 90/95/99 percent levels of confidence.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
61.6	82.1 ***	70.3	83.3 ***	70.0	83.0 ***
20.9	23.7	30.2	28.9	26.4	25.9
1.2	0.6	1.4	1.7	1.8	1.4
0.0	0.0	1.8	1.7	1.4	0.8
10.5	9.3	14.4	15.1	12.8	12.4
8.1	8.7	7.2	8.4	7.0	6.9
2.3	5.8	5.0	3.4	3.3	5.0
40.7	45.7	38.3	42.7	35.6	39.2
0.0	0.6	0.0	0.0	0.2	0.3
9.3	16.2	10.8	7.1	10.8	11.2
15.1	8.7	7.7	8.8	9.0	9.0
18.6	23.1	21.6	28.5 **	18.6	20.4
15.1	33.0 ***	12.2	20.9 **	17.9	34.6 ***
4.7	8.7	3.6	5.4	6.3	11.2 ***
10.5	24.9 ***	8.6	14.6 **	11.6	23.6 ***
1.2	1.7	0.5	0.4	1.1	1.1
86	173	222	239	554	742
34.0	28.9	42.9	34.7	37.6	31.2 **
1.9	0.7	1.9	2.0	2.6	1.6
0.0	0.0	2.6	2.0	2.1	1.0
17.0	11.3	20.5	18.6	18.6	15.1
13.2	10.6	10.3	10.1	10.1	8.3
3.8	7.0	7.1	4.0	4.6	6.0
66.0	55.6	54.5	51.3	50.8	47.2
0.0	0.7	0.0	0.0	0.3	0.3
15.1	19.7	15.4	8.5 **	15.5	13.5
24.5	11.3**	10.9	10.6	12.9	11.0
30.2	28.2	30.8	34.2	26.6	24.5
24.5	40.1**	17.3	25.1**	25.5	41.7 ***
7.6	10.6	5.1	6.5	9.0	13.5 ***
17.0	30.3**	12.2	17.6	16.5	28.6 ***
1.9	2.1	0.6	0.5	1.8	1.5
(53)	(142)	(156)	(199)	(388)	(616)

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Table D.3 Use of child care by mothers with youngest child from age 3 to 5 in 12 months after baseline, by experimental status and site (percent distribution)

	AUL		CET	
	Control	Treatment	Control	Treatment
For Entire Sample				
Percent Who Used Child Care in 12 Months After Baseline	75.6	72.2	64.4	81.2***
Type(s) of Providers Used[a]				
Care in child's home:	15.4	11.1	23.3	22.2
by child's father	1.3	0.9	2.2	0.9
by child's sibling	1.3	1.9	3.3	1.7
by grandparent	2.6	2.8	11.1	10.3
by other relative	2.6	4.6	4.4	6.0
by nonrelative	5.1	0.9	3.3	4.3
Care in another home:	34.6	20.4**	30.0	29.1
by child's father	1.3	0.0	0.0	0.0
by grandparent	12.8	10.2	5.6	8.6
by other relative	9.0	4.6	13.3	7.7
by nonrelative	10.3	7.4	11.1	13.7
Formal care:	38.5	50.9*	21.1	47.9***
in nursery school or Head Start	18.0	21.3	3.3	9.4*
in group care center	20.5	31.5*	17.8	39.3***
Other arrangement	2.6	1.9	1.1	3.4
Number of Observations	78	108	90	117
For Those Who Used Care				
Type(s) of Providers Used[a]				
Care in child's home:	20.3	15.4	36.2	27.4
by child's father	1.7	1.3	3.5	1.1
by child's sibling	1.7	2.6	5.2	2.1
by grandparent	3.4	3.9	17.2	12.6
by other relative	3.4	6.4	6.9	7.4
by nonrelative	6.8	1.3	5.2	5.3
Care in another home:	45.8	28.2**	46.6	35.8
by child's father	1.7	0.0	0.0	0.0
by grandparent	17.0	14.0	8.6	10.5
by other relative	11.9	6.4	20.7	9.5*
by nonrelative	13.6	10.3	17.2	16.8
Formal care:	50.9	70.5**	32.8	59.0***
in nursery school or Head Start	23.7	29.5	5.2	12.6*
in group care center	27.1	43.6**	27.6	48.4***
Other arrangement	3.4	2.6	1.7	2.1
Number of Respondents Who Used Care	(59)	(78)	(58)	(95)

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

[a] Each mother could indicate more than one care location, and more than one provider within each location. Thus, percentages using each location do not sum to 100 percent, and percentages for providers in each location may not sum to the percentage using that location.

*/**/*** Treatment-control difference is statistically significant at the 90/95/99 percent levels of confidence.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
61.4	69.9	65.8	71.0	67.0	73.3**
13.6	14.0	26.7	21.7	22.0	18.3
0.0	0.0	0.6	0.0	1.1	0.4
0.0	0.0	0.6	2.4	1.3	1.7
4.6	3.2	14.9	7.7**	10.2	6.5*
4.6	5.4	8.7	8.2	5.9	6.5
4.6	6.5	2.5	4.4	3.5	4.0
20.5	19.4	27.3	26.6	28.7	24.6
0.0	0.0	1.2	0.0	0.8	0.0
2.3	6.5	6.2	6.8	7.0	7.8
9.1	3.2	3.7	6.3	7.8	5.7
9.1	9.7	16.8	12.6	13.1	1.2
29.6	45.2*	17.4	33.8***	24.1	42.5***
6.8	16.1*	7.5	13.0*	8.6	14.5**
22.7	30.1	9.9	21.3***	15.6	29.0***
2.3	2.2	2.5	0.5	2.1	1.7
44	93	161	207	373	525
22.2	20.0	40.6	30.6	32.8	24.9**
0.0	0.0	0.9	0.0	1.6	0.5
0.0	0.0	0.9	3.4	2.0	2.3
7.4	4.6	22.6	10.9**	15.2	8.8**
7.4	7.7	13.2	12.2	8.8	9.1
7.4	9.2	3.8	6.1	5.2	5.5
33.3	27.7	41.5	37.4	42.8	33.5**
0.0	0.0	1.9	0.0	1.2	0.0
3.7	9.2	9.4	9.5	10.4	10.7
14.8	4.6	5.7	8.8	11.6	7.8
14.8	13.9	25.5	17.7	19.6	15.3
48.2	64.6	26.4	47.6***	36.0	57.9***
11.1	23.1	11.3	18.4	12.8	20.0**
37.0	43.1	15.1	29.9***	23.2	39.5***
3.7	3.1	3.8	0.7	3.2	2.6
(27)	(65)	(106)	(147)	(250)	(385)

Table D.4 Use of child care by mothers with youngest child older than age 6 in 12 months after baseline, by experimental status and site (percent distribution)

	AUL		CET	
	Control	Treatment	Control	Treatment
For Entire Sample				
Percent Who Used Child Care in 12 Months After Baseline	29.7	30.7	40.7	42.2
Type(s) of Providers Used[a]				
Care in child's home:	13.9	9.8	21.2	16.9
by child's father	0.0	0.0	2.4	1.2
by child's sibling	5.9	0.7**	4.9	4.8
by grandparent	5.9	5.9	7.3	6.6
by other relative	2.0	1.3	2.4	3.6
by nonrelative	1.0	2.0	5.7	1.8
Care in another home:	10.9	11.1	17.9	22.3
by child's father	1.0	0.0	0.0	0.0
by grandparent	4.0	5.9	4.9	6.0
by other relative	2.0	2.6	5.7	4.8
by nonrelative	5.0	3.3	7.3	12.1
Formal care:	5.9	9.8	3.3	6.6
in nursery school or Head Start	3.0	3.3	0.0	1.2
in group care center	3.0	7.2	3.3	6.0
Other arrangement	1.0	1.3	3.3	1.2
Number of Observations	(101)	(153)	(123)	(166)
For Those Who Used Care				
Type(s) of Providers Used[a]				
Care in child's home:	46.7	31.9	52.0	40.0
by child's father	0.0	0.0	6.0	2.9
by child's sibling	20.0	2.1**	12.0	11.4
by grandparent	20.0	19.2	18.0	15.7
by other relative	6.7	4.3	6.0	8.6
by nonrelative	3.3	6.4	14.0	4.3*
Care in another home:	36.7	36.2	44.0	52.9
by child's father	3.3	0.0	0.0	0.0
by grandparent	13.3	19.2	12.0	14.3
by other relative	6.7	8.5	14.0	11.4
by nonrelative	16.7	10.6	18.0	28.6
Formal care:	20.0	31.9	8.0	15.7
in nursery school or Head Start	10.0	10.6	0.0	2.9
in group care center	10.0	23.4	8.0	14.3
Other arrangement	3.3	4.3	8.0	2.9
Number of Respondents Who Used Care	(30)	(47)	(50)	(70)

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

[a] Each mother could indicate more than one care location, and more than one provider within each location. Thus, percentages using each location do not sum to 100 percent, and percentages for providers in each location may not sum to the percentage using that location.

*/**/*** Treatment-control difference is statistically significant at the 90/95/99 percent levels of confidence.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
28.6	49.5**	27.3	35.4*	31.7	38.2**
5.7	16.8**	12.5	16.7	14.7	15.2
2.9	0.0	1.1	0.0	1.4	0.3*
5.7	3.7	1.7	1.6	3.9	2.5
0.0	3.7**	4.6	7.3	5.3	6.3
0.0	6.5***	4.6	4.5	3.0	3.9
0.0	2.8*	1.1	3.3	2.3	2.5
22.9	19.6	13.6	18.3	14.9	17.9
0.0	0.0	0.0	0.0	0.2	0.0
5.7	4.7	5.7	6.5	5.1	6.0
8.6	10.3	4.6	3.7	4.6	4.8
8.6	4.7	4.0	9.4**	5.5	7.9
0.0	15.9***	2.3	2.0	3.2	7.1***
0.0	0.0	1.1	0.0	1.2	1.0
0.0	15.9***	1.1	2.0	2.1	6.4***
8.6	3.7	1.1	1.2	2.3	1.6
(35)	(107)	(176)	(246)	(435)	(672)

20.0	34.0	45.8	47.1	46.4	39.7
10.0	0.0	4.2	0.0	4.4	0.8**
20.0	7.6	6.3	4.6	12.3	6.6*
0.0	7.6**	16.7	20.7	16.7	16.3
0.0	13.2***	16.7	12.6	9.4	10.1
0.0	5.7*	4.2	9.2	7.3	6.6
80.0	39.6***	50.0	51.7	47.1	46.7
0.0	0.0	0.0	0.0	0.7	0.0
20.0	11.3	20.8	18.4	15.9	16.0
30.0	20.8	16.7	10.3	14.5	12.5
30.0	9.4	14.6	26.4*	17.4	20.6
0.0	32.1***	8.3	5.8	10.1	18.7**
0.0	0.0	4.2	0.0	3.6	2.7
0.0	32.1***	4.2	5.8	6.5	16.7***
30.0	7.6	4.1	3.5	7.2	4.3
(10)	(53)	(48)	(87)	(138)	(257)

Table D.5 Number and duration of child care arrangements by experimental status and site (child care users only)

	AUL		CET	
	Control	Treatment	Control	Treatment
Number of Months Used Care in Year after Baseline				
1-3	22.4	20.8	24.5	14.8
4-6	19.0	13.9	20.5	17.0
7-9	14.0	12.7	21.5	13.5
10-12	44.7	52.7	33.5	54.7
Mean	7.7	8.3	7.1	8.6***
Number of Different Providers Used in Year after Baseline				
Missing	2.2	2.3	0.0	1.0
1	77.1	76.2	82.0	69.5
2	19.6	20.4	16.5	26.7
3	1.1	1.2	1.5	2.3
4+	0.0	0.0	0.0	0.6
Mean	1.22	1.23	1.20	1.33***
Number of Respondents Who Used Care	179	260	200	311

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

*/**/*** Treatment-control difference is statistically significant at the 90/95/99 percent levels of confidence.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
25.6	20.3	17.1	18.6	21.2	18.5
22.2	16.9	22.5	21.1	21.2	17.7
23.3	16.1	15.9	16.1	17.7	14.8
28.9	46.7	44.4	44.3	39.9	49.1
6.8	7.9**	7.9	7.9	7.5	8.1***
0.0	0.8	1.9	1.6	1.3	1.4
75.6	71.7	81.9	82.1	80.1	75.6
23.3	25.7	14.0	14.7	17.0	21.1
1.1	1.5	2.2	1.6	1.7	1.7
0.0	0.4	0.0	0.0	0.0	0.2
1.26	1.30	1.18	1.18	1.21	1.25**
90	261	315	436	784	1,268

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Table D.6 Number and duration of child care arrangements for mothers with youngest child from age 0 to 2 (child care users only)

	AUL		CET	
	Control	Treatment	Control	Treatment
Number of Months Used Care in Year after Baseline				
1-3	23.9	19.7	25.3	11.2
4-6	18.2	12.1	22.0	15.4
7-9	11.4	12.9	18.7	15.4
10-12	46.6	55.3	34.1	58.0
Mean	7.7	8.5	7.0	9.0***
Number of Different Providers Used in Year after Baseline				
Missing	0.0	3.0	0.0	0.7
1	78.4	73.5	81.3	62.9
2	20.5	22.0	16.5	34.3
3	1.1	1.5	2.2	2.1
4+	0.0	0.0	0.0	0.0
Mean	1.2	1.3	1.2	1.4***
Number of Respondents Who Used Care	(88)	(132)	(91)	(143)

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

*/**/*** Treatment-control difference is statistically significant at the 90/95/99 percent levels of confidence.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
26.4	19.0	18.0	18.1	22.2	17.1
26.4	19.7	27.6	21.6	24.0	17.7
24.5	16.9	14.7	17.1	16.2	15.8
22.6	44.4	39.7	43.2	37.6	49.5
6.3	7.8***	7.6	7.8	7.3	8.2***
0.0	0.7	2.6	1.5	1.0	1.5
67.9	66.2	78.2	82.4	77.6	72.2
32.1	31.0	16.0	14.1	19.3	24.4
0.0	1.4	3.2	2.0	2.1	1.8
0.0	0.7	0.0	0.0	0.0	0.2
1.3	1.4	1.2	1.2	1.2	1.3
(53)	(142)	(156)	(199)	(388)	(616)

Table D.7 Number and duration of child care arrangements for mothers with youngest child from age 3 to 5 (child care users only)

	AUL		CET	
	Control	**Treatment**	**Control**	**Treatment**
Number of Months Used Care in Year after Baseline				
1-3	18.6	11.5	27.6	17.9
4-6	20.3	20.5	20.7	20.0
7-9	18.6	12.8	25.9	11.6
10-12	42.4	55.1	25.9	50.5
Mean	7.8	8.7	6.6	8.1**
Number of Different Providers Used in Year after Baseline				
Missing	6.8	1.3	0.0	2.1
1	67.8	74.4	81.0	66.3
2	25.4	23.1	17.2	27.4
3	0.0	1.3	1.7	3.2
4+	0.0	0.0	0.0	1.1
Mean	1.3	1.3	1.2	1.4**
Number of Respondents Who Used Care	(59)	(78)	(58)	(95)

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

*/**/*** Treatment-control difference is statistically significant at the 90/95/99 percent levels of confidence.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
22.2	16.9	15.1	17.0	19.6	16.1
18.5	15.4	18.9	22.5	19.6	20.3
29.6	16.9	16.0	13.6	20.4	13.5
29.6	50.8	50.0	46.9	40.4	50.1
7.3	8.4	8.3	8.1	7.7	8.3**
0.0	1.5	1.9	2.0	2.4	1.8
92.6	76.9	84.0	78.9	80.4	74.6
7.4	18.5	12.3	17.0	16.0	21.0
0.0	3.1	1.9	2.0	1.2	2.3
0.0	0.0	0.0	0.0	0.0	0.3
1.1	1.3**	1.2	1.2	1.2	1.3**
(27)	(65)	(106)	(147)	(250)	(385)

Table D.8 Number and duration of child care arrangements for mothers with youngest child older than age 6 (child care users only)

	AUL		CET	
	Control	Treatment	Control	Treatment
Number of Months Used Care in Year after Baseline				
1-3	26.7	40.4	20.0	15.7
4-6	20.0	6.4	18.0	17.1
7-9	10.0	10.6	20.0	12.9
10-12	43.3	42.6	42.0	54.3
Mean	7.3	6.9	7.6	8.6
Number of Different Providers Used in Year after Baseline				
Missing	0.0	2.1	0.0	0.0
1	90.0	85.1	84.0	85.7
2	6.7	12.8	16.0	11.4
3	3.3	0.0	0.0	1.4
4+	0.0	0.0	0.0	1.4
Mean	1.1	1.1	1.2	1.2
Number of Respondents Who Used Care	(30)	(47)	(50)	(70)

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

*/**/*** Treatment-control difference is statistically significant at the 90/95/99 percent levels of confidence.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
30.0	28.3	20.8	21.8	22.5	24.9
10.0	11.3	14.6	17.2	16.7	14.0
0.0	11.3	14.6	17.2	14.5	13.6
60.0	49.1	50.0	43.7	46.4	47.5
8.2	7.7	8.1	7.7	7.7	7.8
0.0	0.0	0.0	1.2	0.0	0.8
70.0	79.3	87.5	86.2	85.5	84.4
20.0	20.8	12.5	12.6	13.0	14.0
10.0	0.0	0.0	0.0	1.5	0.4
0.0	0.0	0.0	0.0	0.0	0.4
1.4	1.2	1.1	1.1	1.2	1.2
(10)	(53)	(48)	(87)	(138)	(257)

Table D.9 Cost per child, and satisfaction and dependability of child care, by location of care (child care users only)

	AUL		CET	
	Control	Treatment	Control	Treatment
Care in Child's Home				
Average Cost of Care per Child per Week	$10.24	$9.86	$15.63	$21.04
Average Cost per Child per Week for Those Who Paid	$25.59	$24.25	$39.53	$40.64
Percentage of Mothers Receiving Free Care	57.9	59.3	59.8	45.0
Satisfaction with Care				
Very satisfied	80.7	72.9	92.0	90.0
Somewhat satisfied	8.8	20.3	5.7	5.0
Not too satisfied	1.8	5.1	1.1	1.7
Not satisfied at all	7.0	1.7	0.0	0.0
Missing/don't know/refused	1.8	0.0	1.1	3.3
Dependability of Care				
Very dependable	82.5	76.3	94.3	93.3
Somewhat dependable	10.5	23.7	4.6	3.3
Not too dependable	5.3	0.0	0.0	0.0
Not dependable at all	0.0	0.0	0.0	0.0
Missing/don't know/refused	1.8	0.0	1.1	3.3
Number of Observations	57	59	87	120
Care in Another Home				
Average Cost of Care per Child per Week	$14.50	$15.57	$25.55	$25.31
Average Cost per Child per Week for Those Who Paid	$26.24	$26.43	$38.76	$39.73
Percentage of Mothers Receiving Free Care	44.2	39.8	31.3	35.0
Satisfaction with Care				
Very satisfied	75.3	74.5	84.4	88.6
Somewhat satisfied	13.0	13.8	10.4	5.0
Not too satisfied	7.8	11.7	2.1	4.3
Not satisfied at all	2.6	0.0	1.0	2.1
Missing/don't know/refused	1.3	0.0	2.1	0.0
Dependability of Care				
Very dependable	76.6	81.9	84.4	92.1
Somewhat dependable	16.9	14.9	7.3	5.0
Not too dependable	5.2	3.2	4.2	1.4
Not dependable at all	0.0	0.0	1.0	1.4
Missing/don't know/refused	1.3	0.0	3.1	0.0
Number of Observations	77	94	96	140

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
$10.11	$14.93	$15.88	$16.00	$14.27	$16.29
$27.30	$29.17	$34.03	$30.26	$33.52	$32.26
60.7	48.8	51.1	44.8	55.6	47.7
75.0	85.4	82.3	74.5	84.0	80.8
21.4	13.4	12.1	14.5	10.5	12.4
3.6	1.2	5.0	3.6	3.2	2.8
0.0	0.0	0.7	3.6	1.6	1.6
0.0	0.0	0.0	3.6	0.6	2.3
82.1	95.1	85.8	81.8	87.2	86.9
14.3	3.7	12.1	10.3	9.9	8.9
3.6	0.0	1.4	3.0	1.9	1.2
0.0	1.2	0.7	1.8	0.3	0.9
0.0	0.0	0.0	3.0	0.6	2.1
28	82	141	165	313	426
$18.48	$14.85	$23.80	$25.22	$21.55	$21.31
$30.44	$30.17	$34.19	$35.45	$33.39	$34.17
38.6	50.4	29.2	27.8	33.9	36.6
70.2	80.2	72.0	77.2	75.4	80.2
17.5	13.7	12.5	15.3	12.8	12.2
7.0	5.3	6.5	4.2	5.8	5.7
3.5	0.0	5.4	2.3	3.5	1.4
1.8	0.8	3.6	0.9	2.5	0.5
78.9	85.5	77.4	85.1	79.1	86.4
12.3	9.2	12.5	10.2	12.1	9.5
5.3	5.3	4.8	3.3	4.8	3.3
1.8	0.0	2.4	0.5	1.5	0.5
1.8	0.0	3.0	0.9	2.5	0.3
57	131	168	215	398	580

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Table D.9 Continued

	AUL		CET	
	Control	Treatment	Control	Treatment
Formal Care				
Average Cost of Care per Child per Week	$23.04	$17.96	$15.55	$9.70
Average Cost per Child per Week for Those Who Paid	$28.70	$33.60	$45.60	$36.57
Percentage of Mothers Receiving Free Care	19.5	45.7	63.8	70.5
Satisfaction with Care				
Very satisfied	70.1	71.6	91.5	87.8
Somewhat satisfied	19.5	18.5	8.5	6.5
Not too satisfied	7.8	5.6	0.0	2.2
Not satisfied at all	2.6	4.3	0.0	0.7
Missing/don't know/refused	0.0	0.0	0.0	2.2
Dependability of Care				
Very dependable	76.6	75.9	95.7	89.9
Somewhat dependable	20.8	17.3	4.3	5.8
Not too dependable	1.3	4.9	0.0	0.7
Not dependable at all	1.3	1.9	0.0	0.0
Missing/don't know/refused	0.0	0.0	0.0	2.9
Number of Observations	77	162	47	139

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTES: The sample for each care location consists of all mothers who used that location/type of child care. Mothers who used several locations are included once for each location. Data are not reported for mothers using "other" types of care, due to the small sample size and diversity of arrangements in this category.

Mothers who reported costs of child care in excess of $100 per child per week are excluded from the calculation of average costs, but are included in the calculation of the proportion with free child care.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
$20.41	$14.23	$15.82	$11.52	$19.02	$13.58
$34.82	$37.84	$41.26	$33.77	$34.28	$35.04
41.4	60.3	58.7	62.9	43.5	59.2
69.0	75.2	74.6	76.5	75.9	77.6
27.6	14.9	20.6	18.9	18.5	14.8
3.4	4.1	3.2	2.3	4.2	3.6
0.0	2.5	1.6	1.5	1.4	2.3
0.0	3.3	0.0	0.8	0.0	1.4
79.3	85.1	93.7	84.9	86.1	83.6
13.8	9.1	4.8	12.9	11.6	11.6
3.4	1.7	1.6	0.8	1.4	2.2
0.0	0.8	0.0	0.8	0.5	0.9
3.4	3.3	0.0	0.8	0.5	1.6
29	121	63	132	216	554

Table D.10 Child care costs by detailed provider

Provider/Cost	AUL Control	AUL Treatment	CET Control	CET Treatment
Care in Child's Home				
Sibling				
Percent free	100.0	100.0	72.7	88.9
Average cost	0.0	0.0	$10.45	$7.22
Average cost for those who paid	n.a.	n.a.	$38.33	$65.00
Number in Sample	(9)	(4)	(11)	(9)
Grandparent				
Percent free	56.5	52.9	62.5	51.1
Average cost	$11.74	$11.56	$14.13	$20.34
Average cost for those who paid	$27.00	$24.56	$39.36	$41.57
Number in Sample	(23)	(34)	(40)	(47)
Other Relative				
Percent free	50.0	50.0	50.0	30.8
Average cost	$14.58	$7.70	$22.14	$28.35
Average cost for those who paid	$29.17	$15.40	$44.29	$40.94
Number in Sample	(12)	(10)	(14)	(26)
Nonrelative				
Percent free	33.3	66.7	40.0	33.3
Average cost	$14.67	$10.00	$20.87	$25.54
Average cost for those who paid	$22.00	$30.00	$34.78	$39.06
Number in Sample	(6)	(9)	(15)	(27)
Care in Another Home				
Grandparent				
Percent free	56.7	54.3	50.0	48.8
Average cost	$11.83	$12.17	$17.81	$17.42
Average cost for those who paid	$27.31	$26.63	$35.62	$34.05
Number in Sample	(30)	(35)	(26)	(43)
Other Relative				
Percent free	47.6	44.4	30.0	32.4
Average cost	$11.62	$11.12	$26.71	$22.76
Average cost for those who paid	$22.18	$20.64	$39.37	$41.04
Number in Sample	(21)	(27)	(30)	(34)
Nonrelative				
Percent free	22.6	19.4	20.5	25.4
Average cost	$21.52	$24.06	$31.11	$31.11
Average cost for those who paid	$27.79	$29.84	$39.40	$42.36
Number in Sample	(31)	(31)	(39)	(67)

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
100.0	75.0	70.0	64.3	81.3	77.4
0.0	$7.50	$10.00	$12.86	$6.72	$8.87
n.a.	$30.00	$33.33	$36.00	$35.83	$39.29
(2)	(4)	(10)	(14)	(32)	(31)
63.6	60.0	53.8	47.1	57.6	51.1
$9.09	$12.44	$17.17	$15.56	$14.76	$15.62
$25.00	$31.10	$37.20	$29.39	$35.12	$31.98
(11)	(25)	(65)	(68)	(139)	(174)
55.6	43.3	51.3	44.0	51.4	41.4
$11.44	$17.00	$12.67	$14.68	$14.62	$17.74
$25.75	$30.00	$26.00	$26.21	$30.06	$30.26
(9)	(30)	(39)	(50)	(74)	(116)
50.0	28.6	33.3	42.3	37.2	38.6
$17.50	$18.76	$24.94	$20.27	$21.40	$20.43
$35.00	$26.27	$37.42	$35.13	$34.07	$33.50
(4)	(21)	(18)	(26)	(43)	(83)
50.0	59.5	44.7	46.8	49.6	52.1
$21.67	$13.33	$16.11	$15.53	$15.96	$4.76
$43.33	$32.94	$29.12	$29.20	$31.64	$30.81
(12)	(42)	(47)	(47)	(115)	(167)
47.8	45.5	28.1	44.4	36.8	41.7
$14.61	$13.12	$22.13	$17.36	$19.58	$17.73
$28.00	$24.06	$30.78	$31.24	$31.32	$30.59
(23)	(33)	(32)	(45)	(100)	(139)
26.1	49.2	19.0	17.4	20.9	26.3
$20.83	$16.24	$29.80	$31.33	$27.41	$27.21
$28.18	$31.93	$36.58	$37.98	$34.61	$37.09
(23)	(59)	(84)	(121)	(177)	(278)

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Table D.10 Continued

	AUL		CET	
Provider/Cost	**Control**	**Treatment**	**Control**	**Treatment**
Formal Care				
Nursery School or Head Start				
Percent free	19.4	34.7	50.0	61.5
Average cost	$26.42	$22.85	$13.33	$8.00
Average cost for those who paid	$32.79	$35.26	$40.00	$22.22
Number in Sample	(36)	(72)	(8)	(26)
Group Care Center				
Percent free	20.0	56.8	66.7	77.3
Average cost	$19.46	$13.93	$15.89	$9.90
Average cost for those who paid	$24.48	$32.76	$46.46	$39.61
Number in Sample	(40)	(88)	(39)	(116)

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Mothers may have used multiple providers. If the reported cost per child per week exceeded $100, the observation was omitted from the calculation of mean costs, but included in the calculation of the percent receiving free care.

OIC		WOW		Total	
Control	Treatment	Control	Treatment	Control	Treatment
42.9	71.0	50.0	63.6	34.2	52.6
$19.86	$10.23	$16.52	$13.86	$21.67	$16.09
$34.75	$35.22	$34.70	$39.73	$33.71	$34.62
(7)	(31)	(22)	(44)	(73)	(173)
40.9	60.2	64.1	66.3	48.6	64.8
$20.59	$15.22	$15.84	$10.31	$17.65	$12.21
$34.85	$38.26	$46.31	$30.57	$34.54	$35.28
(22)	(88)	(39)	(83)	(140)	(375)

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Appendix E
Methodological approaches used in the impact analysis

This appendix discusses the methodological approaches we used to derive the impact analysis results presented in Chapter 4 and Appendices F, G, and H. In particular, the sections that follow describe the statistical specification of the multivariate models used, and the choice of control variables for the analysis. In addition, we describe several alternative specifications that were investigated and rejected.

Comparison of unadjusted means, month-by-month

For a number of key economic outcomes, we presented graphical comparisons of average values month by month for the treatment and control groups within each site, during both the year before and the year after the baseline. While these means have not been adjusted for prebaseline treatment-control differences, the inclusion of the data for the year before the baseline allows the reader to assess the extent of pre-existing differences in the variables of interest.

Model for estimating regression-adjusted means

In some cases, we presented tabulations of average outcomes for the treatment and control groups. These estimates must be interpreted with some caution, due to pre-existing differences between treatments and controls in the analysis sample, as noted above. Our preferred analytical strategy was to control for the presence of such preprogram differences by using multivariate analysis techniques. In addition, multivariate analysis increases the precision of the impact estimates, even if no pre-existing differences exist. Here, we outline the model used in the multivariate analyses, its statistical properties, and some potential problems with this specification.

Our basic model assessed the average impact of the program in each site, controlling for various pre-existing differences among the sample members. Although later we discuss estimating an average impact for the entire analysis sample, we believe that an overall impact estimate is of less substantive interest than the site impacts, due to the differences in the characteristics of the target population, the programs, and the localities from site to site. For each site, we estimated ordinary least squares regression equations of the form:

$$Y = a + X'\beta + cT + e,$$

where Y is an outcome variable, X is a vector of control variables, T is an indicator of experimental status which equals 1 for treatment group members and zero for control group members, a is the intercept term, β is the vector of regression coefficients for the control variables, c is the measure of the program impact, and e is a random disturbance term which is assumed to have a mean of zero conditional on X and T, and is interpreted as representing unobserved factors which affect Y.

The expected value of the outcome for members of the treatment group is:

$E(Y \mid T=1) = a + X'\beta + c,$

and the expected value of the outcome for members of the control group is simply:

$E(Y \mid T=0) = a + X'\beta.$

By plugging in the least squares estimates for a, ß, and c, and using the average values of the X variables for each site, we can calculate regression-adjusted means. It is evident that the difference in the regression-adjusted means for the treatment and control groups, the estimate of c, is our estimate of the net impact of the program. Because treatment-control differences in finite samples may arise by chance rather than from the effects of the program, it is of interest to test whether the estimate of c differs significantly from zero. We use the standard two-tailed t-test to assess the statistical significance of the experimental status coefficient, since we must allow for the possibility that the demonstration may have had negative as well as positive impacts.

Problems arise with the statistical specification of the linear regression model just described when the dependent variables being analyzed are either binary (always zero or one) or equal to their lower bound of zero for a substantial proportion of cases. All of the dependent variables that we analyze fall into one of these two categories. One problem is that the disturbance term in the regression model will be heteroskedastic, which causes the usual least squares standard error estimates to be biased. In addition, it is technically possible for the predicted value of the dependent variable estimated from a least squares regression model to be below zero, or above one for a binary variable.

Many alternative statistical models for such qualitative and limited-dependent variables have been formulated in the econometrics literature, including logit, probit, and tobit estimators (see Maddala, 1983). These models are estimated with maximum likelihood techniques. Estimating such models tends to be somewhat more expensive than estimating standard regression models, and constructing the appropriate net impact estimates and their standard errors is cumbersome and nonintuitive. Furthermore, they all require the assumption that the distribution for the disturbance is normal; least squares does not. In practice, many studies have found that the impact estimates derived from such techniques are very close to the least squares estimates.[1] We used both least squares and probit maximum likelihood techniques to analyze the probability of working for our sample, and found that the impacts were virtually unchanged.[2]

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[1] See Brown (1986), p. 79.

[2] The probit results are presented in Table G.9

Estimating impacts on hourly wages

An ordinary least squares regression is not the appropriate method for estimating the impact of the programs on the hourly wage that can be earned by each woman, because we do not observe wages for women who are not working. If we estimate a regression of the type specified above using only sample members who are working, our estimates may be subject to "selection bias," and, in this case, they may substantially underestimate the impacts of the programs.

The intuitive explanation is as follows: if the programs increase the proportion of women who work, women who would not have worked in the absence of the programs will enter the labor force. These women will tend to have lower levels of such factors as motivation and work experience than will women who would have worked regardless of the programs, and will thus earn lower wages. In such a case, the workers in the treatment group will be a less "select" group than the workers in the control group, who work even without the help of the programs, and the difference in the wages of the two groups will understate the effect of the programs on wages.

We used a two-stage estimation method originally devised by Heckman (1979) in order to avoid this "selection bias." Suppose that the statistical model for the wage, w, is:

$$w = X'\beta + cT + e_1,$$

where e_1 is a random, normally distributed error term with a zero mean, and the other terms are defined as above.

Suppose that there is a latent variable y that measures the propensity to work, such that $y > 0$ when the individual works, and $y < 0$ when the individual does not, and the statistical model for y is:

$$y = Z'\gamma + dT + e_2,$$

where Z represents a vector of variables that influence the decision to work, γ is a vector of coefficients, T is again the treatment indicator and d is its coefficient, and e_2 is a random, normally distributed error term with a zero mean. This is known as a probit model of the probability of working. The coefficients can be estimated using maximum likelihood techniques. Since unobserved factors (e.g., motivation) that increase the propensity to work also tend to increase wages, e_1 and e_2 will be correlated.

Our goal is to estimate c, the impact of the treatment on the wage for the entire sample. Heckman showed that the expected value of the wage equation for workers only has the following form:

$$E(w \mid y>0) = X'\beta + cT + a\, f(Z'\gamma)/F(Z'\gamma) \neq X'\beta + cT,$$

where f is the standard normal density function, and F is the standard normal distribution function. Thus, least squares estimates of the wage equation using only workers will be biased. However, if we insert a consistent estimate of $\lambda = f(Z'\gamma)/F(Z'\gamma)$ on the right-hand side of the equation, we can derive consistent estimates of β and c by regressing w on X, T, and λ, using only the sample of workers.[1] Statistical identification of this model is improved if there are variables which are included in the participation equation but not in the wage equation (i.e., if there are variables in Z which are not included in X). We use the traditional assumption that the composition of a woman's household affects her decision to work, but not her wage, and thus exclude a number of variables from the wage equation that are included in the probit model (see below).

In sum, the steps in Heckman's method are as follows: first, we estimate a probit model of the probability of working using the entire sample, and derive estimates of γ. For each worker, we then use these estimates to estimate λ as follows:

$$\hat{\lambda} = f(Z'\hat{\gamma})/F(Z'\hat{\gamma}).$$

As the second stage, we add this variable to the right-hand side of the wage equation, and estimate it by least squares, using only the sample of workers. We thus derive an estimate of the impact of the program on the hourly wage, which is corrected for potential selection bias.

It is important to note that estimates based on this technique are often sensitive to minor changes in the assumptions about the error term, in the exclusion restrictions (i.e., assumptions that some variables in the participation equation do not enter the wage equation), or in the sample.

Choice of control variables

Control variables serve two important purposes in the estimation of program impacts: they control for pre-existing treatment-control differences in terms of variables that are likely to affect outcomes, and they increase the precision of the impact estimates by reducing the unexplained variation in the outcome variables. We measure all control variables as of the baseline interview in order to ensure that their values do not reflect the impact of the program. A full list of the control

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[1] The estimates of the standard errors output by a typical least squares computer program will be inconsistent, but practical experience indicates that they are generally close to the consistent estimates of the standard errors.

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variables is presented in Table E.1. The discussion below describes the reasons for including key variables.

Economic theory suggests that an individual's earnings are determined primarily by her investments in skills and experience (often referred to as human capital), which can be proxied by age, years of schooling, and previous work experience. As measures of previous work experience, we use the number of weeks worked in the year before the baseline, and the proportion of years worked since age 16.

Decisions about whether to work and how many hours to work are influenced by the wage one can earn (and thus the factors that determine wages), the cost of working, and the availability of alternative sources of income. Mothers of small children face high child care costs if they work, and tend to value the time they spend with their children very highly. Older children also require some child care, but as children become older they need more food, clothing, and other goods, which may mean that the presence of older children has a positive overall effect on their mother's decision to work. We thus include controls for the presence of children in various age groups.

The income of others in the household in the year prior to the baseline is an indicator of the extent to which the respondent can rely on other sources of support within the family. The number of adults in the household, once we control for income from others, provides an indicator of possible providers of low-cost child care. The receipt of public assistance in the year prior to the baseline reflects the generosity of the income support programs in the locality, the lack of other resources to fall back on, and unmeasured factors affecting the respondent's wage or work experience, including her interest in working, and the (in)stability of available jobs.[1]

Implications of the change in the assignment ratio

As mentioned earlier, the probability of a demonstration applicant's being assigned to the control group changed from one-third to one-half in mid-1985 in three of the four sites. (At OIC in Providence, the probability of being a control group member remained at one-third throughout the entire demonstration.) Thus, a higher proportion of the treatment group than of the control group entered the program before mid-1985. If the factors which affect the outcomes of interest—such as the characteristics of the applicants, the program offerings, or the economic climate—changed over the period in which the random assignment ratio changed, impact estimates measured as differences in average outcomes would be biased.

We could control for the change in the random assignment odds in the regression model by including as a control variable in the outcome regression an indicator variable for the period in which the random assignment ratio was 2:1.[1] An interaction between the indicator of research status and this calendar-time variable could also be included in order to test whether the impact, as well as the mean for the control group, varied over time. The net impact measure would then be a weighted average of the impacts in the two periods, weighted by the proportion of the total sample drawn from each period. By controlling for the demographic and economic characteristics of the respondents measured in the baseline interview, we also help control for differences in the characteristics of sample members over time.

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[1] The number of children in various age groups, the number of adults, and income from others were omitted from the wage equations, as discussed above.

Based on some preliminary tests, our final specification of the model included quarterly calendar-time variables as control variables in all four sites (even though no change in random assignment odds occurred in Providence), but it did not include the interaction of calendar time and treatment status.[2]

Estimates for subgroups

We also estimated some models in which the impact of the program was allowed to vary across subgroups of the population, and tested whether significantly different impacts occurred for different subgroups. The subgroups were defined by an indicator variable or a group of variables, S (with indicators for each category except the reference category). Subgroup-specific impacts were allowed by interacting S with treatment status, T. The subgroup regression model was thus:

$$Y = a + X'b + c_1T + \sum_{i}(c_iS_iT + d_iS_i) + e,$$

where X now represents the control variables other than S, c_1 is the impact for the reference (omitted) subgroup, and $c_1 + c_i$ is the impact for the i+1st subgroup.[3] An F-test that all of the c_i coefficients are equal to zero is reported as a test of whether the impact is the same for all subgroups. It is also of interest to test whether the impacts for particular subgroups differ significantly from zero. We calculated the standard errors of the subgroup impacts c_1+c_i, and used two-sided t-tests in order to test their statistical significance.

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[1] We also considered reweighting the sample so that the weighted distribution of the control group by month of random assignment in each site is made the same as the distribution of the treatment group; the controls who entered the program when the treatment-control ratio was 2 to 1 would have roughly twice the weight of the later controls. However, weights would not take into account the treatment-control differences due to nonresponse or sample variation.

[2] We tried both a specification with one indicator variable for the period before the odds changed and a specification with twelve indicator variables for the calendar quarters in which random assignment occurred (with the first quarter, which corresponds to those who were assigned randomly in November and December 1984, the excluded category). For both specifications, we tested interactions between these calendar time variables and the research status variable using all of our economic outcome measures. We found throughout that we could accept the hypothesis that no differences in impacts occurred over time, given that we controlled for calendar time and the characteristics of respondents. The calendar-time variables were significant for some outcomes, in some quarters. They represent any unmeasured differences in the factors which affect the outcomes across the various periods.

[3] In one case, we interacted a continuous variable (weeks worked) with treatment status, and derived estimates of impacts for specific values of this variable.

Table E.1 Independent variables used in multivariate analyses

Variable	Definition
STATUS	= 1 for Treatment Group, = 0 for Control Group, Coefficient Measures Net Impact.
Q2 - Q13	Indicator Variables for Calendar Quarter in which Random Assignment Occurred. Omitted Quarter (Q1) is Nov. - Dec. 1984. Q2 is Jan. - Mar. 1985, etc. Q12 is omitted for WOW, since no one entered the program in that quarter.
AGE 27 - 34	= 1 if Age 27 - 34 One Year After Random Assignment, 0 Otherwise.
AGE 35+	= 1 if Age 35 or Above One Year After Random Assignment, 0 Otherwise.
EDUCATION 9 - 11	= 1 if Highest Grade Completed is 9 - 11, 0 Otherwise.
EDUCATION 12	= 1 if Highest Grade Completed is 12, 0 Otherwise.
EDUCATION 13+	= 1 if Highest Grade Completed is 13 or Above, 0 Otherwise.
WELFARE	= 1 if Received AFDC or Other Public Assistance in Year Before Baseline Interview, = 0 Otherwise.
KIDS 0 - 2	Number of Own and Stepchildren in Household, Ages 0 - 2.
KIDS 3 - 5	Number of Own and Stepchildren in Household, Ages 3 - 5.
KIDS 6 - 12	Number of Own and Stepchildren in Household, Ages 6 - 12.
KIDS 13 - 17	Number of Own and Stepchildren in Household, Ages 13 - 17.
ADULTS	Number of Adults (Other than Respondent) in Household.
CITIZEN	= 1 if U.S. Citizen; 0 Otherwise.
BLACK	= 1 if Black, 0 otherwise. Omitted at AUL and WOW, where sample was almost entirely black.
PERCENT YEARS WORKED	Percent of Years Since Age 16 in which the Respondent Worked at Least 3 Months.
WEEKS WORKED	Number of Weeks in the Year Before the Baseline in which the Respondent Worked; Constructed from the Work History Questions on the Baseline.
OTHERS' INCOME/1000	Total Income of Others in the Household in the Year Prior to the Baseline Interview, divided by 1000.[a]

NOTE: All variables are drawn from the baseline interview, unless otherwise noted.

[a] Mean values were imputed for missing values if the respondent reported that someone in the household had income from a particular source, but did not report an amount. See Appendix C of Burghardt and Gordon (1988).

Pooling the sites

The model discussed above allows both the effects of the control variables and the program impacts to differ from site to site. Here, we consider tests for two types of restrictions across sites—the restriction that the control variables have the same effect at all sites, and the restriction that program impacts are the same at each site.

We believe that the estimates of program impacts within each site are of considerable substantive interest due to the many differences in the target populations, the programs, and the localities. If, however, we can impose the restriction that the control variables have the same effects at all sites, we then improve the precision of our impact estimates. The restricted equation pools observations for all four sites (hence, the term "pooling") but includes interactions between the effect of treatment status and site, as well as separate intercepts by site. An F-test was used to compare the fit of this regression to the combined fit of the four unrestricted site regressions for each of the economic outcome measures. We found that for all of the eight outcome measures (employment, hours, earnings, receipt of public assistance, amount of public assistance, training, and working or training) we could reject the pooling of the effects of the control variables at the 95 percent level of confidence. Nonetheless, the estimated impacts from the pooled and unpooled specifications were very close. Although the effect of pooling on impact estimates was small, we chose to report the unpooled estimates, because the effects of some control variables differed substantially from site to site, and because we have some evidence that the impacts by subgroup varied from site to site.[1]

An estimate of the average impact of the MFSP demonstration across the four sites is of interest for evaluating the overall costs and benefits of the demonstration. Furthermore, the larger sample size obtained by using data from all four sites together allows us to test for the presence of an impact with considerably more power (i.e., a greater ability to conclude that a small treatment-control difference did not arise by chance). We tested for the equality of impacts in the pooled model referred to above, in which the control variables were constrained to have the same effects at all sites. This test involves an F-test of the hypothesis that all of the site-treatment interactions have zero coefficients. Differing intercepts for each site were still allowed. We found that we could reject the equality of the impact estimates across the sites at the 90 percent level of confidence for seven of the eight dependent variables. The one variable for which we did not reject pooling was the proportion who received public assistance.

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[1] Table H.1 in Appendix H compares the impact estimates and their standard errors for the pooled and unpooled models.

Even when impacts are estimated using separate equations for each site, it is possible to construct a measure of the overall impact by taking a weighted average of the site impacts, in which the impact of each site is weighted by the proportion of the total analysis sample drawn from that site. Calculating the variance of this weighted average is straightforward, since the observations at the different sites are assumed to be independent. We report these weighted averages in Table H.2 as our estimates of the overall impacts of the programs.

Appendix F
Supplementary results on economic impacts

Table F.1 Employment and training during the fourth quarter after baseline: simple means of the control group and treatment group

	AUL			CET		
Outcome Measure	**Control**	**Treatment**	**Difference**	**Control**	**Treatment**	**Difference**
Monthly Averages						
Percent Working	41.8	42.3	0.5	36.0	46.2	10.2***
Percent in Training	15.1	24.5	9.4***	13.9	23.2	9.3***
Percent Working or in Training	53.0	61.8	8.8**	47.7	60.9	13.2***
Hours Worked	57.3	57.5	0.2	50.2	68.3	18.1***
Earnings	$277.32	$287.49	$10.17	$280.36	$419.53	$139.17***
Hourly Wages of Persons Who Worked	$4.85	$4.97	$0.12	$5.51	$6.05	$0.54***
Over Entire Quarter						
Percent Who Ever Worked	49.3	48.4	-0.9	41.6	54.3	12.7***
Percent Ever in Training	17.3	26.7	9.4***	17.9	28.1	10.2***
Percent Ever Working or in Training	61.1	66.9	5.8	55.1	68.2	13.1***
Percent Who Ever Worked Full-Time	48.1	47.7	-0.4	41.0	53.9	12.9***
Percent Who Looked for Work (but Never Worked)	20.5	19.3	-1.2	16.8	14.8	-2.0
Number of Observations[a]	303	424		345	467	

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Simple means do not incorporate adjustments for possible differences in the characteristics of the treatment and control groups that may affect outcomes. Also, they do not adjust for the fact that the composition of the control and treatment groups may differ in terms of the time period in which members were enrolled. Persons enrolled at different time periods may possess different measured or unmeasured characteristics, or face different employment opportunities.

[a] The number of observations used to compute individual means in the table may differ slightly from the number given because of missing data.

*/**/*** The hypothesis of no difference between the treatment group and control group is rejected at 90/95/99 percent.

OIC			WOW			Total		
Control	Treatment	Difference	Control	Treatment	Difference	Control	Treatment	Difference
28.5	31.2	2.7	43.6	42.6	-1.0	39.5	41.2	1.7
14.7	31.7	17.0***	15.7	21.7	6.0***	15.0	24.5	9.5***
39.6	56.6	17.0***	54.1	59.4	5.3*	50.5	59.7	9.2***
37.3	42.2	4.9	63.5	59.2	-4.3	55.7	57.7	2.0
$197.07	$224.55	$27.48	$344.13	$328.48	$-15.65	$295.79	$321.46	$25.67
$5.14	$5.26	$0.12	$5.34	$5.45	$0.11	$5.25	$5.49	$0.24***
32.7	35.7	3.0	49.2	49.4	0.2	45.4	47.7	2.3
17.6	36.1	18.5***	19.5	25.6	6.1***	18.4	28.4	10.0***
44.2	62.0	17.8***	60.4	66.2	5.8**	57.3	66.0	8.7***
32.3	35.5	3.2	48.5	48.3	-0.2	44.6	47.1	2.5
17.0	13.6	-3.4	21.5	20.4	-1.1	19.6	17.5	-2.1
165	376		571	701		1,384	1,968	

Table F.2 Income by source during fourth quarter after baseline: simple means of the control group and treatment group (dollars per month)

	AUL			CET		
Outcome Measure	**Control**	**Treatment**	**Difference**	**Control**	**Treatment**	**Difference**
Monthly Earnings	277.32	287.49	10.17	280.40	419.53	139.13***
AFDC plus Public Assistance Benefits	125.74	122.52	-3.22	313.10	285.32	-27.78
Food Stamp Benefits	92.57	92.93	-0.27	33.35	33.34	-0.01
Supplemental Security Income Benefits	6.57	6.42	-0.15	10.47	17.70	7.23
Alimony	0.0	0.84	0.84	2.33	1.74	-0.59
Unemployment Compensation	5.04	2.94	-2.10	14.10	16.54	2.14
Child Support	28.50	34.89	6.39	10.89	22.86	14.11**
Any Other Income	4.57	4.17	-0.40	4.64	6.12	1.48
Total Income[a]	552.45	558.38	5.93	671.97	811.50	139.53***
Number of Observations[b]	303	424		345	467	

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Simple means do not incorporate adjustments for possible differences in the characteristics of the treatment and control groups that may affect outcomes. Also, they do not adjust for the fact that the composition of the control and treatment groups may differ in terms of the time period in which members were enrolled. Persons enrolled at different time periods may possess different measured or unmeasured characteristics, or face different employment opportunities.

[a] The observations used to compute the mean for each income source differed slightly because of missing data. Consequently, the sum of means from all sources does not equal total income exactly.

[b] The number of observations used to compute individual means in the table may differ slightly from the number given because of missing data.

*/**/*** The hypothesis of no difference between the treatment group and control group is rejected at 90/95/99 percent.

OIC			WOW			Total		
Control	Treatment	Difference	Control	Treatment	Difference	Control	Treatment	Difference
197.07	224.55	27.48	344.13	328.48	-15.65	295.80	321.46	25.66
300.66	300.10	-0.56	163.23	186.51	23.28**	209.34	218.40	9.06
102.77	97.12	-5.65	55.73	67.06	11.33**	63.79	70.25	6.46 **
12.78	15.86	3.08	11.74	7.82	-3.92	10.43	11.42	0.99
0.61	0.10	-0.51	1.83	0.0	-1.83	1.41	0.61	-0.80
4.99	4.86	-0.13	3.91	1.99	-1.92	6.82	6.20	-0.62
19.43	12.53	-6.90	22.38	18.36	-4.02	20.50	21.85	1.35
11.13	21.85	10.72	9.73	9.73	0.00	7.49	9.99	2.50
648.07	669.13	21.06	616.98	636.87	19.89	620.84	668.37	47.53 ***
165	376		571	701		1,384	1,968	

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Table F.3 Employment and training during 12th month after baseline: simple means of the control group and treatment group

	AUL			CET		
Outcome Measure	**Control**	**Treatment**	**Difference**	**Control**	**Treatment**	**Difference**
Percent Who Ever Worked in 12 Months After Baseline	63.5	61.7	-1.8	52.0	61.6	9.6***
Percent Working at 12 Months After Baseline	41.2	44.1	2.9	34.1	47.1	13.0***
Percent in Training at 12 Months After Baseline	13.3	22.8	9.5***	13.2	20.6	7.4***
Percent Working or in Training at 12 Months After Baseline	51.3	61.7	10.4***	45.4	59.5	14.1***
Percent Working Full-Time in the 12th Month After Baseline	24.2	26.5	2.3	20.1	31.4	11.3***
Percent Looking for Work (but Not Working) in 12th Month After Baseline	22.9	17.9	-5.0	19.4	16.6	-2.8
Hours Worked in 12th Month After Baseline	58.7	61.1	2.4	47.8	69.7	21.9***
Earnings in 12th Month After Baseline	$289.24	$306.90	$17.66	$268.06	$426.07	$158.01***
Hourly Wage of Persons Working in 12th Month After Baseline	$4.97	$5.03	$0.06	$5.60	$6.09	$0.49**
Total Sample	303	424		345	467	
Percent Interviewed Before Month 12	12.2	9.4		0.6	0.4	
Total Month 12 Sample[a]	266	384		343	465	

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Simple means do not incorporate adjustments for possible differences in the characteristics of the treatment and control groups that may affect outcomes. Also, they do not adjust for the fact that the composition of the control and treatment groups may differ in terms of the time period in which members were enrolled. Persons enrolled at different time periods may possess different measured or unmeasured characteristics, or face different employment opportunities.

[a] The number of observations used to compute individual means in the table may differ slightly from the number given because of missing data.

*/**/*** The hypothesis of no difference between the treatment group and control group is rejected at 90/95/99 percent.

OIC			WOW			Total		
Control	Treatment	Difference	Control	Treatment	Difference	Control	Treatment	Difference
50.0	43.0	-7.0	62.7	59.7	-3.0	58.7	57.4	-1.3
26.9	31.4	4.5	43.8	43.5	-0.3	38.9	42.3	3.4*
10.3	27.6	17.3***	14.5	19.3	4.8**	13.5	21.8	8.3***
35.2	53.0	17.8***	53.2	58.3	5.1*	48.8	58.3	9.5***
13.8	20.0	6.2*	27.9	26.9	-1.0	23.5	26.7	3.2**
14.5	13.8	-0.7	20.5	19.0	-1.5	20.0	17.2	-2.8**
35.4	43.8	8.4	64.7	61.0	-3.7	55.7	60.0	4.3
$178.40	$231.83	$53.43	$352.04	$339.25	$-12.79	$297.57	$334.55	$36.98**
$5.01	$5.28	$0.27	$5.49	$5.55	$0.06	$5.36	$5.56	$0.20**
165	376		571	701		1,384	1,968	
12.1	8.8		3.0	2.3		5.5	4.6	
145	343		554	685		1,308	1,877	

Table F.4 Income by source during 12th month after baseline: simple means of the control group and treatment group (dollars per month)

	AUL			CET		
Outcome Measure	**Control**	**Treatment**	**Difference**	**Control**	**Treatment**	**Difference**
Monthly Earnings	289.24	306.90	17.66	268.06	426.07	158.01***
AFDC plus Public Assistance Benefits	123.36	115.47	-7.89	315.49	281.82	-33.67*
Food Stamp Benefits	93.03	88.76	-4.27	33.30	33.54	0.24
Supplemental Security Income Benefits	8.03	6.17	-1.86	10.41	18.38	7.97
Alimony	0.0	0.93	0.93	2.34	1.09	-1.25
Unemployment Compensation	6.05	3.02	-3.03	15.83	15.49	-0.34
Child Support	27.62	35.59	7.97	10.88	22.69	11.81**
Any Other Income	3.37	4.60	1.23	5.01	6.11	1.10
Total Income[a]	561.43	572.06	10.63	664.45	814.18	149.73***
Total Sample	303	424		345	467	
Percent Interviewed Before Month 12	12.2	9.4		0.6	0.4	
Total Month 12 Sample[b]	266	384		343	465	

SOURCE: Twelve-month follow-up interviews with MFSP program applicants.

NOTE: Simple means do not incorporate adjustments for possible differences in the characteristics of the treatment and control groups that may affect outcomes. Also, they do not adjust for the fact that the composition of the control and treatment groups may differ in terms of the time period in which members were enrolled. Persons enrolled at different time periods may possess different measured or unmeasured characteristics, or face different employment opportunities.

[a] The observations used to compute the mean for each income source differed slightly because of missing data. Consequently, the sum of means from all sources does not equal total income exactly.

[b] The number of observations used to compute individual means in the table may differ slightly from the number given because of missing data.

*/**/*** The hypothesis of no difference between the treatment group and control group is rejected at 90/95/99 percent.

OIC			WOW			Total		
Control	Treatment	Difference	Control	Treatment	Difference	Control	Treatment	Difference
178.40	231.83	53.43	352.04	339.25	-12.79	297.57	334.55	36.98**
293.62	298.02	4.40	161.62	179.61	17.99*	209.64	214.18	4.54
102.59	96.90	-5.69	54.86	63.60	8.74*	62.21	67.22	5.01*
14.81	14.36	-0.45	12.23	8.02	-4.21	11.19	11.39	0.20
0.69	0.12	-0.57	1.73	0.00	-1.73	1.42	0.48	-0.94
7.19	5.15	-2.04	4.09	1.19	-2.90	7.90	5.85	-2.05
21.01	10.47	-10.54	21.48	18.14	-3.34	19.88	21.40	1.52
12.68	24.11	11.43	9.74	9.77	0.03	7.51	10.42	2.91
630.33	675.29	44.96	624.07	638.10	14.03	623.00	676.18	53.18***
165	376		571	701		1,384	1,968	
12.1	8.8		3.0	2.3		5.5	4.6	
145	343		554	685		1,308	1,877	

Table F.5 Estimates of the impacts of the MFSP programs in the fourth quarter after sample enrollment: additional results

	AUL		
Outcome Measure	**Control**	**Treatment**	**Impact**
Percent Ever Worked in Fourth Quarter	50.1	47.7	-2.4
Percent Ever Received Public Assistance in Fourth Quarter	50.5	52.1	+1.6
Percent Ever in Training in Fourth Quarter	17.1	26.4	+9.3***
Percent Ever Working or in Training in Fourth Quarter	61.7	66.4	+4.7
Number of Observations	303	427	

NOTE: Estimates are based on OLS regression models in which the personal characteristics and baseline attributes of the person and binary variables for quarter of sample enrollment and research status are included. A complete list of control variables can be found in Table E.1. All estimates include individuals who were working (receiving public assistance), as well as individuals who were not working (not receiving public assistance). The number of observations in each regression is from one to six percent less than the total due to the exclusion of cases with missing data.

Dependent variables [illegible] 1 if an activity was engaged in for any month in the fourth quarter, 0 otherwise. Dependent variables are coded as missing only if all three months of data are missing.

*/**/*** The hypothesis of no impact is rejected at the 90/95/99 percent confidence levels (that is, the impact is statistically different from zero).

CET			OIC			WOW		
Control	Treatment	Impact	Control	Treatment	Impact	Control	Treatment	Impact
41.4	52.2	+12.8***	35.1	34.7	-0.4	49.0	49.9	+0.9
57.2	59.1	+1.9	76.4	77.8	+1.4	51.6	59.0	+7.4***
18.7	27.7	+9.0***	18.0	35.8	+17.8***	19.7	25.2	+5.5**
55.6	67.6	+12.0***	46.5	60.8	+14.3***	60.5	65.9	+5.4*
345	467		165	376		571	701	

Table F.6 Means and percentage distributions of selected variables for the CET sample, by location and status

Measure	San Jose Control	San Jose Treatment	Salinas Control	Salinas Treatment
Baseline Characteristics				
Age				
< 27	46.5	40.6	44.8	40.0
27-34	27.8	30.9	27.6	22.9
35+	25.7	28.6	27.6	37.1
Education				
Less than 9 years	16.7	18.9	37.9	51.4
9-11	51.4	45.7	46.4	34.3
12	24.5	29.0	14.3	11.4
13+	7.3	6.3	3.6	2.9
Percent Received Welfare	75.1	68.9	62.1	62.9
Weeks Worked in Year Before Baseline (Mean)	11.0	13.0	19.7	20.4
Percent of Years Worked Since Age 16 (Mean)	35.3	37.3	57.0	54.4
Percent Black	13.9	11.4	0.0	0.0
Percent Citizens	83.3	76.0	51.7	57.1
Outcomes in Fourth Quarter				
Average Monthly Percent Working	29.6	43.2	54.0	51.0
Average Monthly Hours	42.0	63.6	73.4	67.5
Average Monthly Earnings	$233.09	$403.21	$424.71	$387.56
Average Monthly AFDC or Other Public Assistance	$329.76	$300.74	$265.70	$239.48
Average Monthly Income	$640.54	$809.25	$806.23	$784.55
Number of Observations	245	350	29	35
Occupation, Most Recent Job[a]				
Manager or Professional or Technician	4.1	2.4	0.0	7.4
Sales	9.9	5.9	10.5	3.7
Clerical	34.7	53.7	15.8	22.2
Service Work	26.4	10.7	10.5	11.1
Farm Work or Handler, Helper, Laborer	8.3	6.3	57.9	51.9
Mechanic or Construction Worker or Precision Production	5.0	4.9	0.0	0.0
Production or Transport	9.1	14.6	5.3	3.7
Missing	2.5	1.5	0.0	0.0
Number Who Worked	121	205	19	27

SOURCE: Baseline and twelve-month follow-up interviews with MFSP program applicants.

[a] Numbers are percentages of those who had worked since the baseline interview.

Watsonville		Gilroy		Oakland	
Control	Treatment	Control	Treatment	Control	Treatment
48.6	52.5	60.0	61.1	38.5	20.8
20.0	30.0	30.0	22.2	34.6	58.3
31.4	17.5	10.0	16.7	26.9	20.8
34.3	35.0	20.0	22.2	0.0	8.3
54.3	47.5	40.0	50.0	34.6	29.2
11.4	15.0	40.0	27.8	53.8	58.3
0.0	2.5	0.0	0.0	11.5	4.2
48.6	42.5	30.0	55.6	92.3	87.5
22.7	15.0	13.5	21.6	5.9	10.2
53.2	48.7	58.6	62.9	36.1	38.4
2.9	0.0	0.0	0.0	80.8	91.7
42.9	57.5	70.0	83.3	100.0	95.8
61.9	62.5	70.0	57.4	26.7	47.8
83.52	104.40	98.8	82.8	36.2	66.3
$432.68	$495.36	$573.68	$582.78	$236.15	$459.71
$194.86	$167.62	$181.70	$260.93	$428.28	$357.06
$689.55	$740.65	$856.35	$888.31	$723.69	$968.28
35	40	10	18	26	24
0.0	0.0	0.0	0.0	0.0	5.9
3.9	3.2	0.0	7.7	10.0	5.9
0.0	9.7	28.6	53.8	40.0	47.1
19.2	35.5	28.6	0.0	30.0	35.3
57.7	25.8	28.6	23.1	10.0	5.9
0.0	0.0	0.0	0.0	0.0	0.0
19.2	25.8	14.3	15.4	10.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0
26	31	7	13	10	17

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Table F.7 Short-term impacts on the probability of employment for selected sample subgroups: comparison of the results for all CET locations with the results for the San Jose location

	All CET Locations			San Jose Only		
Measure	Number in Subgroup Control/Treat.	Control Group Mean	Net Impact	Number in Subgroup Control/Treat.	Control Group Mean	Net Impact
Age			F = 1.10			F = .557
Younger than 27	160/193	.362	.116**	114/142	.315	.156***
27-34	95/146	.354	.138**	68/108	.278	.141**
35+	90/128	.366	.0259	63/100	.311	.0652
Education			F = 1.12			F = .108
Less than 9 years	65/104	.384	.0167	41/68	.285	.106
9-11	171/206	.339	.0890**	126/169	.282	.117**
12	86/130	.350	.121	60/101	.308	.160**
13+	22/25	.494	.177***	18/22	.460	.135
Age of Youngest Child			F = 3.12**			F = 2.37*
0-2	126/174	.334	.188***	81/121	.283	.231***
3-5	90/117	.348	.0685	67/92	.304	.0760
6+	123/166	.397	.0302	92/129	.316	.0726
Weeks Worked[a]			F = 2.16**			F = .0586
None	192/242	.276	.132***	147/193	.245	.121***
26	n.a.	.443	.0665*	n.a.	.359	.135***
52	n.a.	.611	.00138	n.a.	.473	.148
Received Welfare			F = 5.67**			F = 1.00
Yes	246/311	.288	.147***	184/241	.245	.149***
No	99/156	.526	-.00871	61/109	.452	.0681
Other Adults			F = .0524			F = 1.37
No	204/266	.344	.0941**	144/190	.285	.0977**
Yes	141/201	.383	.106**	101/160	.292	.165***
Year Randomized			F = .901			F = .478
Year 1	105/193	.312	.0424	83/168	.271	.0834
Year 2	92/130	.298	.123**	71/93	.258	.163**
Year 3	148/144	.328	.133***	91/89	.277	.149**

Table F.7 Continued

	All CET Locations			San Jose Only		
	Number in Subgroup Control/Treat.	**Control Group Mean**	**Net Impact**	**Number in Subgroup Control/Treat.**	**Control Group Mean**	**Net Impact**
Race			F = .613			F = .0303
Nonblack	289/405	.376	.0891***	211/310	.306	.130***
Black	56/62	.274	.156**	34/40	.270	.111

SOURCE: Baseline and 12-month follow-up interviews with MFSP program applicants.

NOTE: Separate least squares regressions were estimated for each category of subgroups. All control variables specified in Table E.1 are included, along with the subgroup/status interactions, as independent variables. Predicted values for control group members are evaluated at the sample mean for all variables, except for the variable(s) defining the subgroup.

n.a. means not applicable

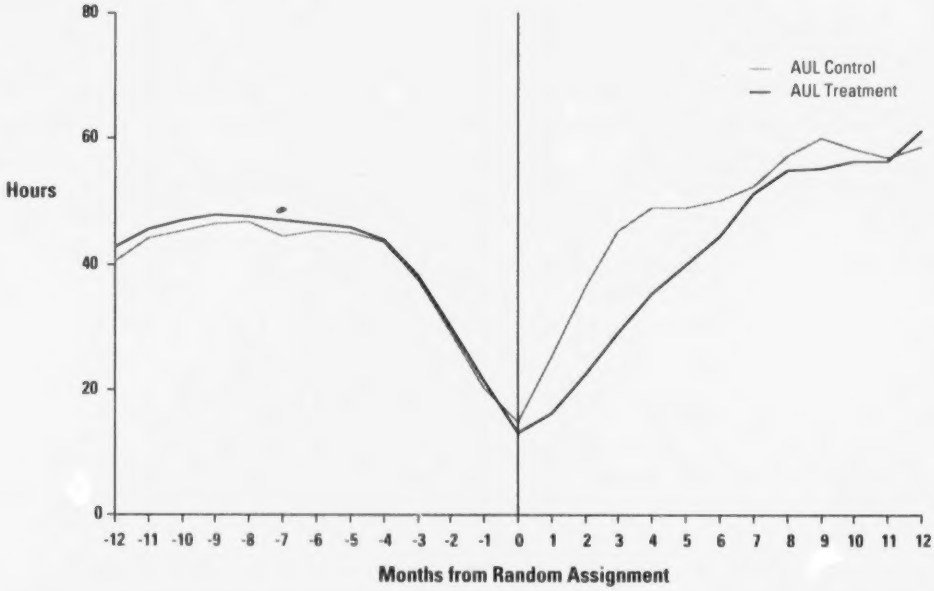
[a] Because this variable is continuous, estimates are given for selected values only.

*/**/*** by the F-statistics indicate that the impact for the subgroup differs significantly from each other at the 90/95/99 percent levels of confidence.

*/**/*** by the impact estimates indicate that the impact differs significantly from zero at the 90/95/99 percent levels of confidence.

Figure F.1 Trends in average monthly hours of work

AUL-Atlanta



CET-San Jose

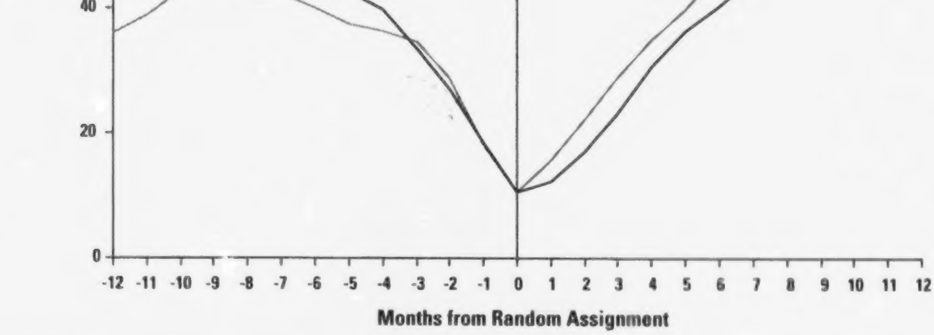
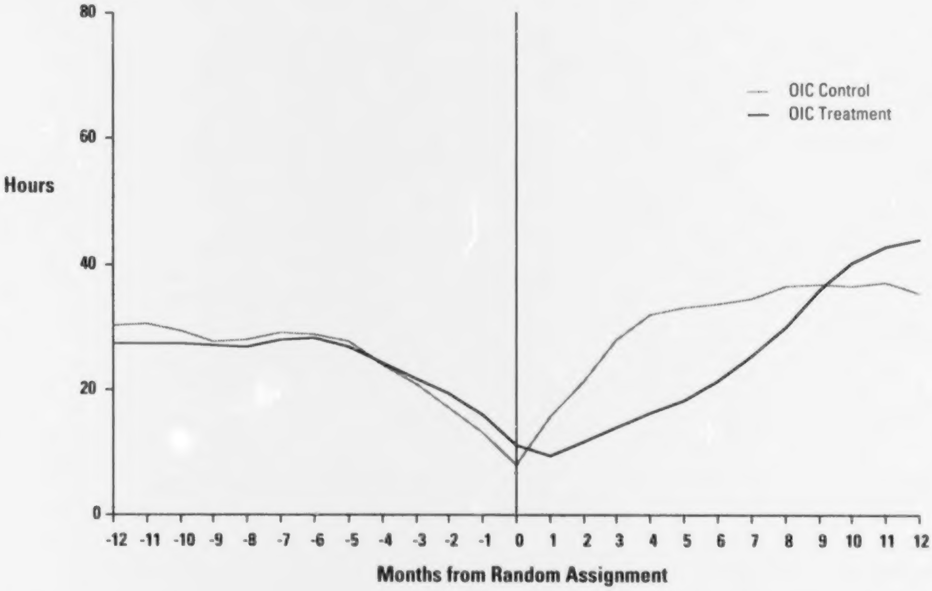


Figure F.1 continued

OIC-Providence



WOW-Washington, D.C.

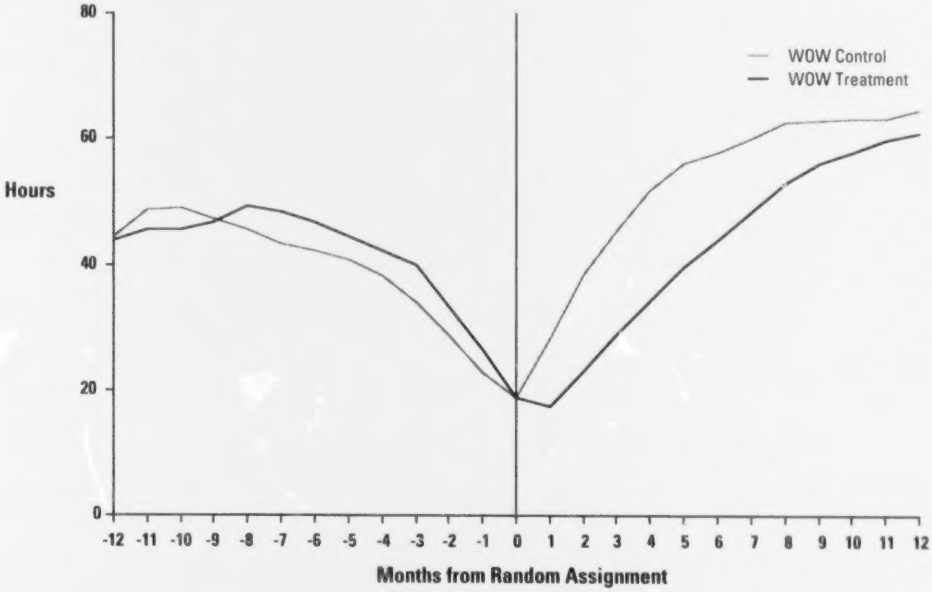
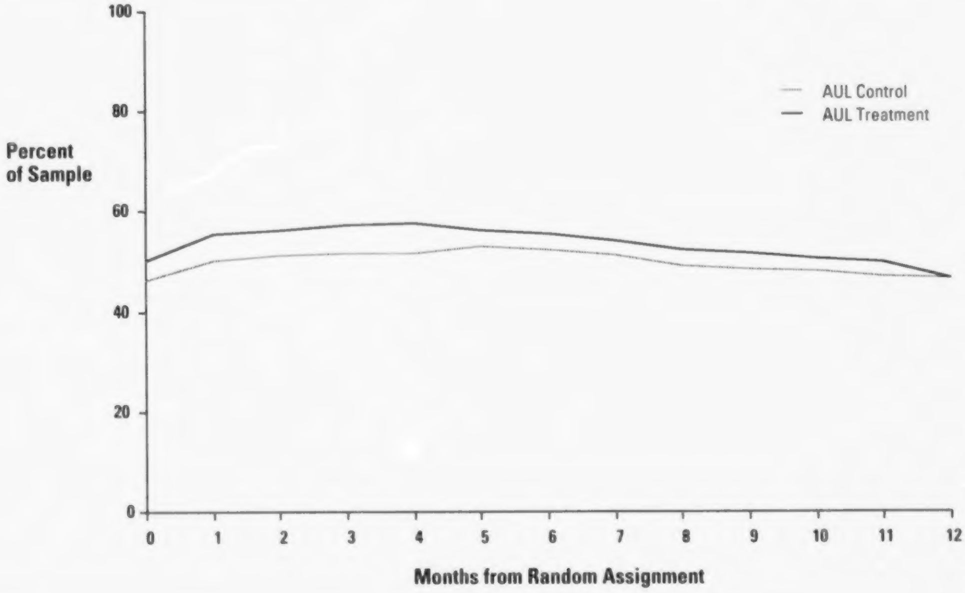


Figure F.2 Trends in public assistance receipt and total income (AUL-Atlanta)

Percent with public assistance



Total public assistance income

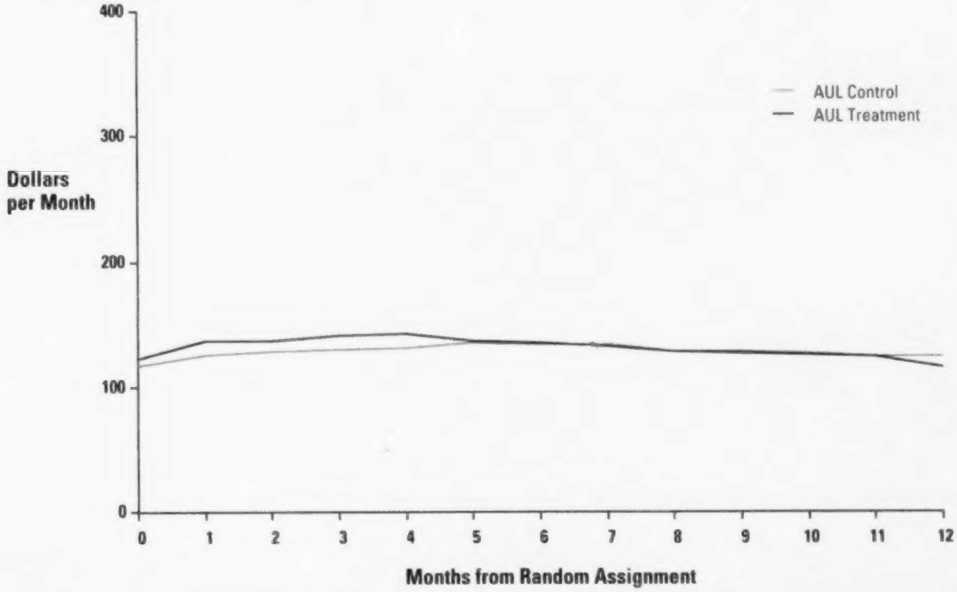


Figure F.2 continued

Total monthly income

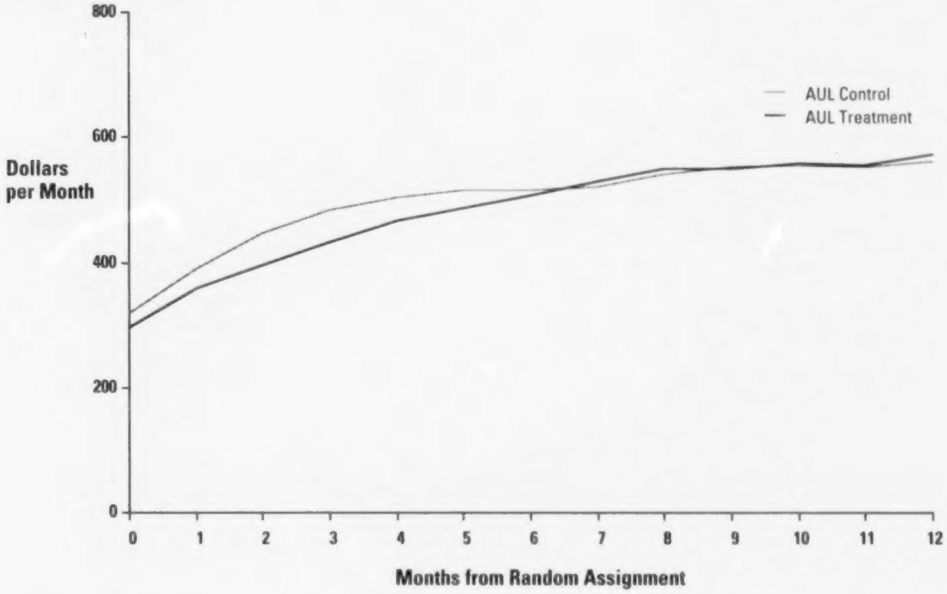
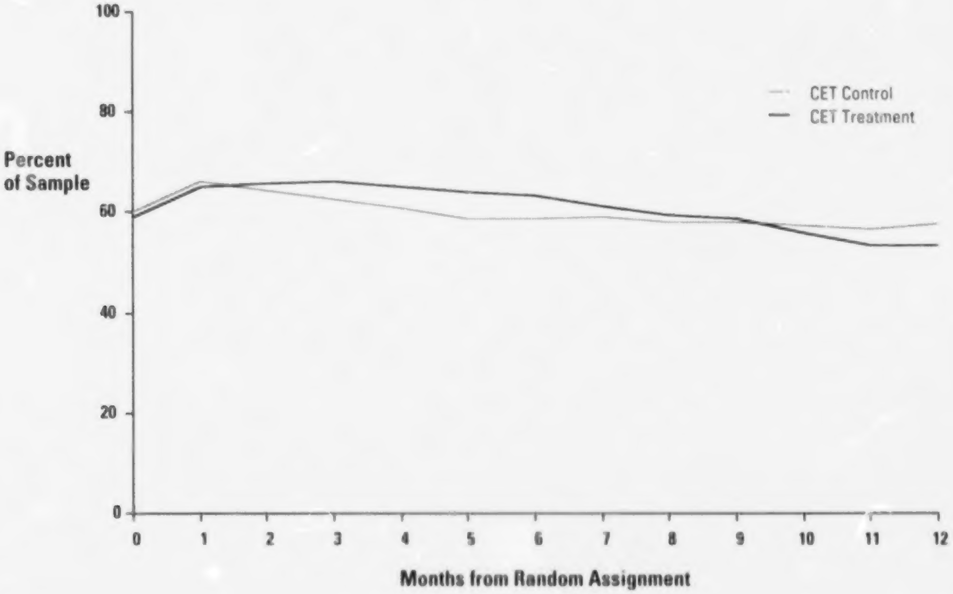


Figure F.3 Trends in public assistance receipt and total income (CET-San Jose)

Percent with public assistance



Total public assistance income

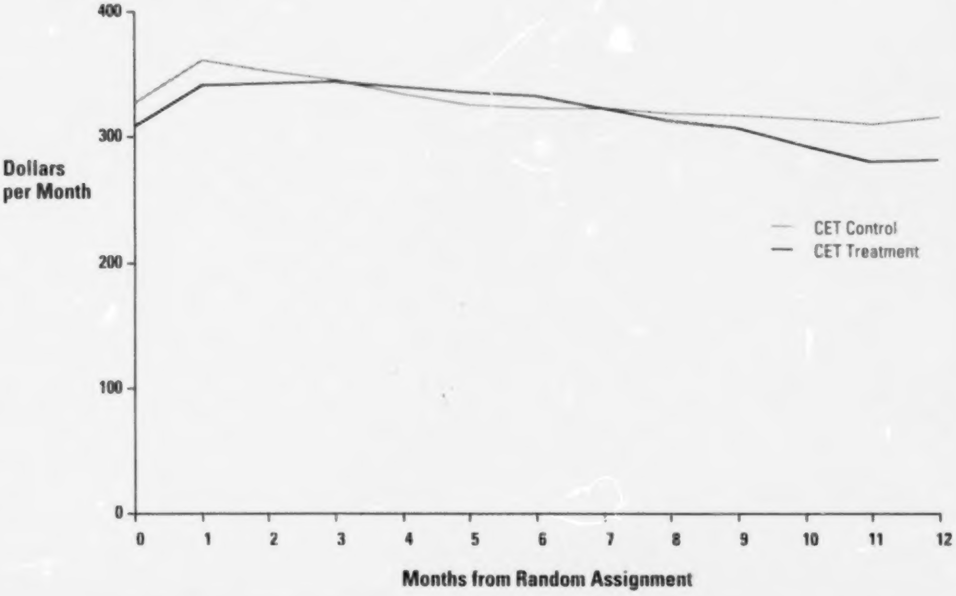


Figure F.3 continued

Total monthly income

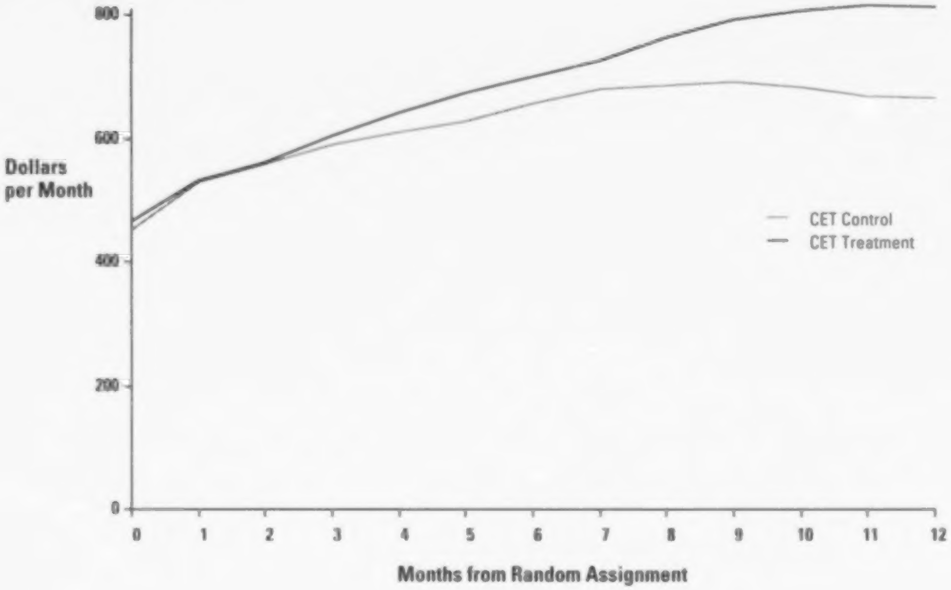
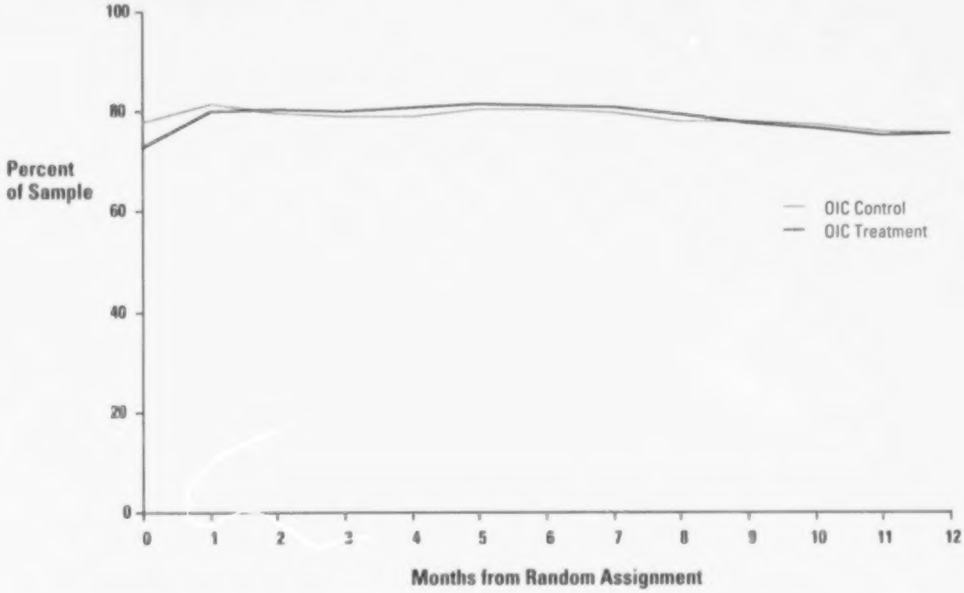


Figure F.4 Trends in public assistance receipt and total income (OIC-Providence)

Percent with public assistance



Total public assistance income

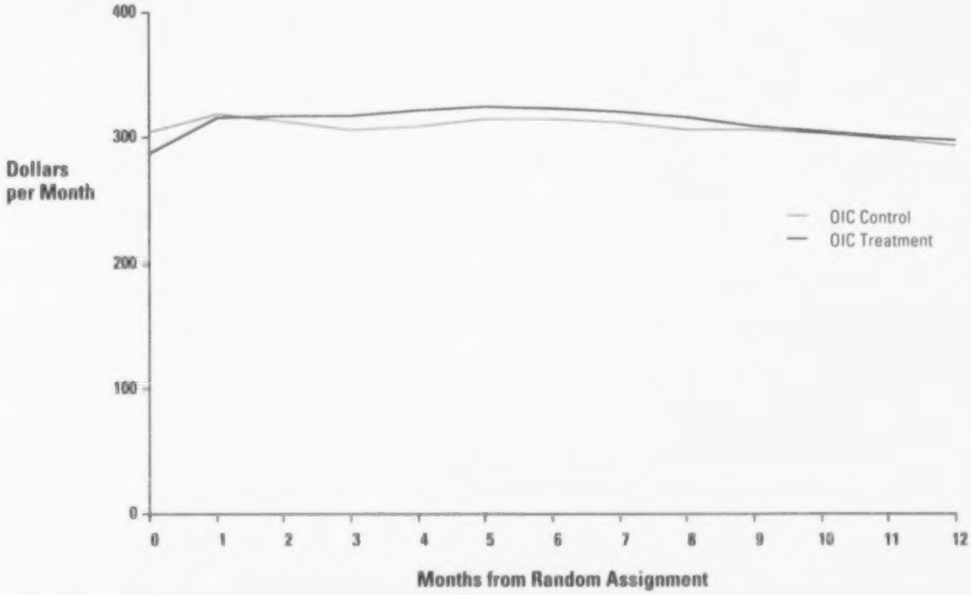


Figure F.4 continued

Total monthly income

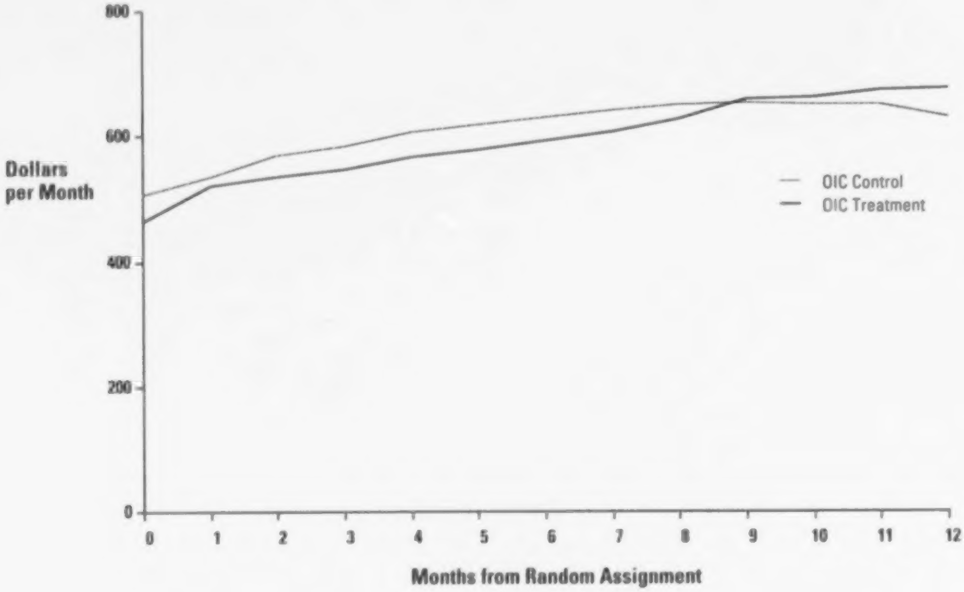


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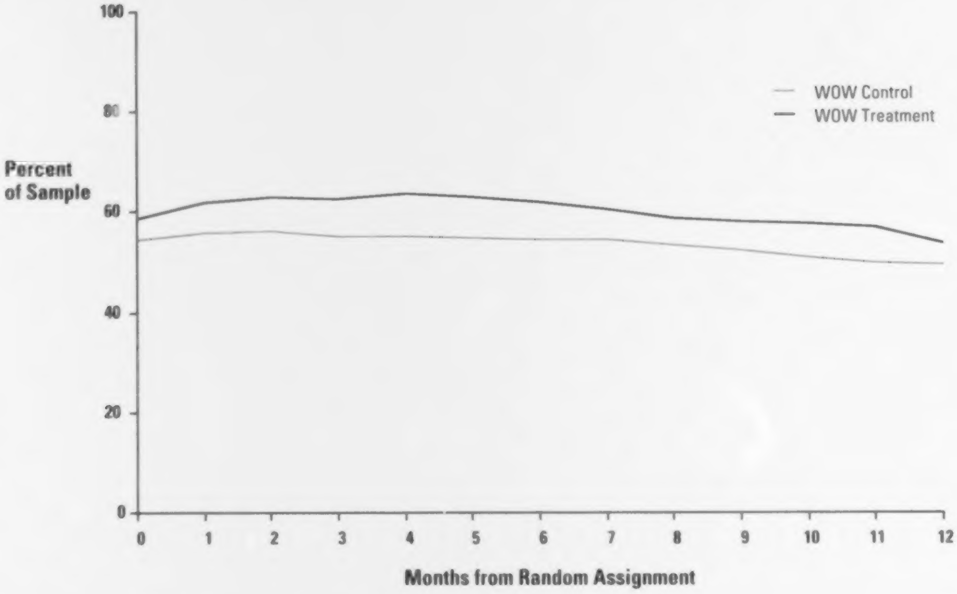
Figure F.5 Trends in public assistance receipt and total income (WOW-Washington, D.C.)

Percent with public assistance



Total public assistance income

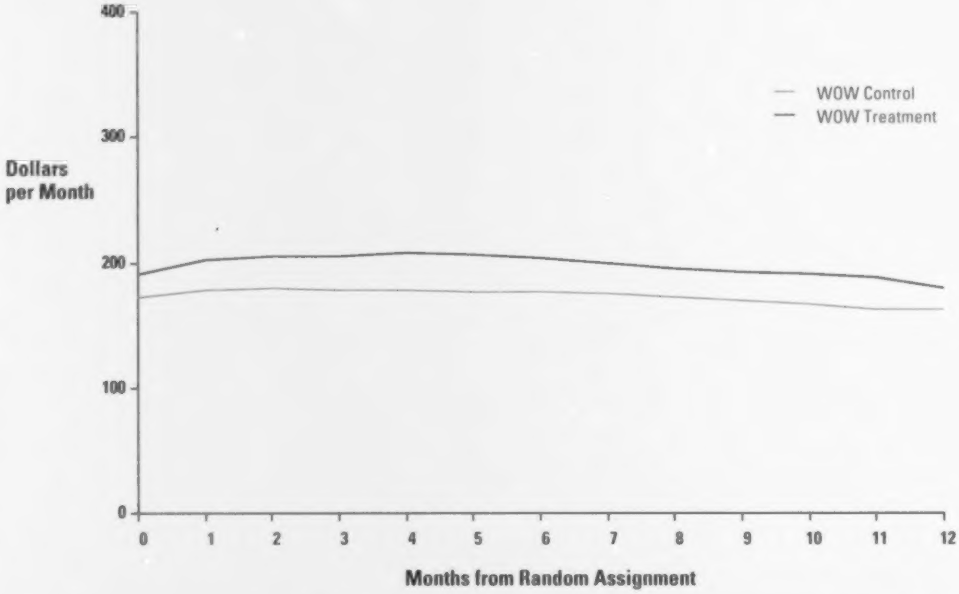
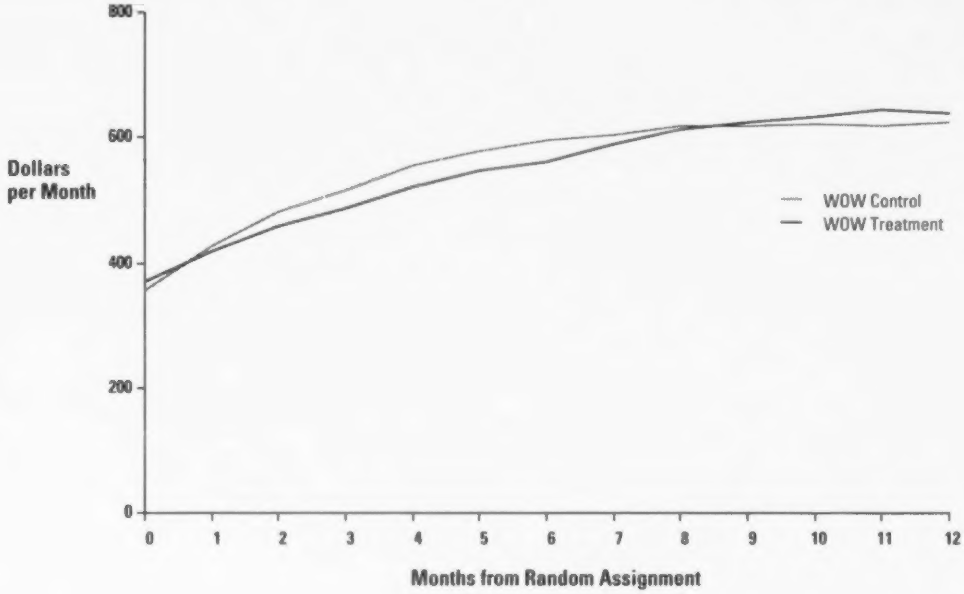


Figure F.5 continued

Total monthly income



Appendix G

Multivariate analysis of economic outcomes: detailed regression results underlying the impact estimates in Table 4.1

Table G.1 Regression results for the probability of working

Variable	Regression coefficients			
	AUL	CET	OIC	WOW
Status	-.00703 (.0331)	.0989*** (.0303)	.000924 (.0396)	-.00862 (.0259)
Q2	-.0199 (.114)	.0489 (.103)	.0203 (.0886)	.0247 (.0909)
Q3	-.0563 (.107)	-.0111 (.100)	-.0661 (.0844)	-.0403 (.119)
Q4	-.147 (.110)	.116 (.102)	-.0652 (.0838)	.0707 (.0921)
Q5	.0250 (.116)	.123 (.0977)	.0231 (.104)	-.0306 (.0902)
Q6	-.100 (.107)	.0856 (.0981)	-.0717 (.0891)	.0357 (.0934)
Q7	-.133 (.108)	.168* (.110)	.00963 (.0973)	.0211 (.0941)
Q8	-.141 (.103)	-.0229 (.109)	-.00581 (.0915)	.0106 (.0965)
Q9	-.177* (.106)	.0926 (.112)	.134 (.118)	.0785 (.0965)
Q10	-.0631 (.111)	.0567 (.104)	.0608 (.104)	-.0203 (.104)
Q11	-.0769 (.117)	.150 (.109)	-.0151 (.110)	.244 (.119)
Q12	-.102 (.119)	.287** (.119)	.00526 (.0862)	N.A.
Q13	-.165 (.120)	.186** (.0925)	-.0628 (.110)	.0533 (.0980)
Missing 10	.750* (.437)	N.A.	.343 (.427)	.568* (.318)
Missing 11	-.345 (.532)	N.A.	N.A.	-.153 (.333)
Missing 12	-.118* (.0678)	.249 (.299)	.0217 (.0752)	-.244** (.0965)
Age 27-34	-.136*** (.0449)	.00651 (.0444)	-.0708 (.0544)	.0240 (.0347)
Age 35+	-.0841 (.0598)	-.0474 (.0554)	-.0504 (.0738)	.0767 (.0479)
Black	N.A.	-.0661 (.0462)	.00477 (.0417)	N.A.
Citizen	-.528 (.434)	-.00395 (.0412)	.111** (.0565)	-.105 (.0713)
Education 9-11	-.00262 (.0912)	.00259 (.0446)	.0623 (.0728)	-.00769 (.0532)
Education 12	.0387 (.0917)	.0669 (.0487)	.0535 (.0752)	.0721 (.0558)
Education 13+	.0212 (.103)	.176** (.0720)	.109 (.0858)	.130** (.0662)

Table G.1 Continued

Variable	Regression coefficients			
	AUL	CET	OIC	WOW
Welfare	-.129*** (.0395)	-.143*** (.0390)	-.0937 (.0623)	-.0768** (.0321)
Children 0-2	-.0710** (.0314)	.0242 (.0327)	-.0559 (.0350)	-.0211 (.0286)
Children 3-5	.0145 (.0298)	-.0437 (.0270)	-.0166 (.0318)	-.0443* (.0250)
Children 6-12	.0230 (.0379)	-.00367 (.0364)	.111** (.0476)	-.0413 (.0302)
Children 13-17	-.00639 (.0481)	.0435 (.0481)	.0792 (.0628)	.0166 (.0114)
Adults	.0604*** (.0206)	(.0246 (.0154)	-.00181 (.0344)	-.0854** (.0400)
Percent yrs Worked	.140** (.0668)	.208*** (.0597)	.178** (.0791)	.0774 (.0510)
Weeks Worked	.00609*** (.00110)	.00499*** (.00106)	.00549*** (.00146)	.00372*** (.000848)
Others' income/1000	-.00165 (.00303)	.00176 (.00210)	.00302 (.00473)	.000998 (.00120)
Intercept	1.03** (.453)	.167 (.112)	.136 (.133)	.458*** (.131)
Number of Observations	706	796	536	1,248
R^2	.194	.214	.149	.104

NOTE: This table presents ordinary least squares estimates. The dependent variable is the average monthly probability of working in the fourth quarter after random assignment. Independent variables are defined in Table E.1. Standard errors are in parentheses. N.A. indicates that the variable was excluded from the regression.

*/**/*** The coefficient is significantly different from zero at the 90/95/99 percent levels of confidence.

Table G.2 Regression results for average weekly hours

	Regression coefficients			
Variable	**AUL**	**CET**	**OIC**	**WOW**
Status	-0.634 (1.22)	3.86*** (1.17)	0.376 (1.37)	-1.02 (1.000)
Q2	1.10 (4.18)	-0.258 (3.97)	-2.19 (3.06)	3.59 (3.55)
Q3	-0.113 (3.94)	-2.70 (3.87)	-4.49 (2.91)	-1.41 (4.62)
Q4	-4.34 (4.05)	2.36 (3.93)	-4.23 (2.90)	4.01 (3.60)
Q5	1.07 (4.27)	2.95 (3.76)	-0.355 (3.61)	0.355 (3.53)
Q6	-2.29 (3.94)	0.875 (3.78)	-2.84 (3.08)	3.57 (3.64)
Q7	-5.93 (3.95)	2.60 (3.89)	0.0640 (3.36)	3.43 (3.68)
Q8	-3.60 (3.76)	-3.42 (4.18)	-2.86 (3.16)	3.55 (3.77)
Q9	-4.89 (3.90)	0.236 (4.31)	1.49 (4.06)	5.59 (3.76)
Q10	-0.0609 (4.07)	-0.568 (4.00)	1.33 (3.60)	1.23 (4.05)
Q11	-2.03 (4.29)	4.39 (4.18)	-2.95 (3.83)	15.2*** (4.59)
Q12	-5.55 (4.35)	8.83* (4.56)	0.545 (2.98)	N.A.
Q13	-3.99 (4.39)	3.77 (3.56)	-2.69 (3.79)	6.02 (3.82)
Missing 10	8.15 (11.3)	-22.8 (16.2)	-7.52 (14.7)	3.89 (9.98)
Missing 11	-18.7 (14.5)	N.A.	26.4 (20.9)	-0.346 (9.41)
Missing 12	-4.54* (2.43)	1.56 (11.5)	0.00913 (2.61)	-11.4*** (3.63)
Age 27-34	-4.23** (1.65)	0.361 (1.72)	-2.30 (1.88)	0.00572 (1.34)
Age 35+	-2.54 (2.20)	-1.74 (2.13)	-1.45 (2.55)	1.28 (1.86)
Black	N.A.	-1.64 (1.78)	0.626 (1.44)	N.A.
Citizen	3.57 (15.9)	-0.178 (1.59)	4.27** (1.95)	-3.23 (2.78)
Education 9-11	1.05 (3.34)	-0.826 (1.72)	1.48 (2.55)	0.416 (2.04)
Education 12	2.89 (3.36)	1.51 (1.88)	1.46 (2.62)	2.82 (2.15)
Education 13+	5.21 (3.76)	5.68** (2.80)	3.65 (2.98)	5.13** (2.56)

Table G.2 Continued

	Regression coefficients			
Variable	**AUL**	**CET**	**OIC**	**WOW**
Welfare	-4.29*** (1.45)	-3.89*** (1.50)	-4.85** (2.15)	-3.37*** (1.24)
Children 0-2	-3.13*** (1.15)	0.806 (1.26)	-1.13 (1.21)	-0.736 (1.10)
Children 3-5	0.123 (1.09)	-1.42 (1.04)	0.105 (1.10)	-1.59 (0.965)
Children 6-12	0.500 (1.39)	0.134 (1.41)	4.32*** (1.65)	-1.47 (1.16)
Children 13-17	-0.321 (1.77)	1.57 (1.85)	3.32 (2.17)	-2.09 (1.55)
Adults	2.16*** (0.758)	1.17** (0.595)	-0.769 (1.19)	0.550 (0.438)
Percent yrs worked	5.99** (2.45)	7.94*** (2.30)	6.23** (2.74)	4.04** (1.97)
Weeks worked	0.217*** (0.0405)	0.203*** (0.0410)	0.190*** (0.0505)	0.150*** (0.0327)
Others' income/1000	0.0300 (0.111)	0.0929 (0.0807)	0.203 (0.163)	0.0170 (0.0463)
Intercept	10.2 (16.6)	6.00 (4.29)	4.92 (4.62)	12.6** (5.16)
Number of Observations R^2	704 0.201	780 0.199	535 0.161	1,240 0.112

NOTE: This table presents ordinary least squares estimates. The dependent variable is the average weekly hours in the fourth quarter after random assignment. Independent variables are defined in Table E.1. Standard errors are in parentheses. N.A. indicates that the variable was excluded from the regression.

Coefficients and standard errors were multiplied by 4.3 to obtain monthly estimates reported in Table 4.1.

*/**/*** The coefficient is significantly different from zero at the 90/95/99 percent levels of confidence.

Table G.3 Regression results for average weekly earnings

	Regression coefficients			
Variable	**AUL**	**CET**	**OIC**	**WOW**
Status	0.295	30.9***	1.92	-4.25
	(6.61)	(7.47)	(7.70)	(6.07)
Q2	-9.31	-1.58	-8.60	19.7
	(22.5)	(25.3)	(17.1)	(21.5)
Q3	-15.7	-6.31	-21.9	-4.51
	(21.2)	(24.7)	(16.3)	(28.1)
Q4	-32.5	25.0	-15.0	28.4
	(21.9)	(25.0)	(16.3)	(21.7)
Q5	1.63	26.9	4.06	7.56
	(23.2)	(24.0)	(20.2)	(21.3)
Q6	-14.1	10.4	-6.59	24.9
	(21.2)	(24.1)	(17.2)	(22.0)
Q7	-40.5*	14.6	14.9	23.5
	(21.2)	(24.7)	(18.8)	(22.2)
Q8	-27.2	-6.22	-5.69	30.2
	(20.2)	(26.6)	(17.8)	(22.8)
Q9	-26.2	20.1	23.3	43.4*
	(21.0)	(27.4)	(22.7)	(22.7)
Q10	-6.11	8.67	17.5	11.1
	(22.0)	(25.6)	(20.1)	(24.4)
Q11	-14.7	38.1	1.60	102***
	(23.2)	(26.6)	(21.4)	(27.6)
Q12	-31.3	76.3***	22.9	N.A.
	(23.4)	(29.1)	(16.7)	
Q13	-17.2	33.8	7.67	41.1*
	(23.6)	(22.7)	(21.2)	(23.2)
Missing 10	19.4	-132	-102	5.95
	(50.7)	(103)	(82.5)	(47.8)
Missing 11	-67.2	N.A.	186	-9.76
	(78.5)		(117)	(51.1)
Missing 12	-25.4*	47.6	-0.624	-64.2***
	(13.0)	(59.6)	(14.6)	(21.6)
Age 27-34	-16.6*	-1.60	-13.3	2.28
	(8.89)	(11.0)	(10.5)	(8.13)
Age 35+	-8.06	-1.81	-9.37	12.8
	(12.0)	(13.6)	(14.3)	(11.3)
Black	N.A.	-13.8	6.50	N.A.
		(11.3)	(8.10)	
Citizen	25.8	7.86	23.4**	-12.1
	(85.6)	(10.2)	(10.9)	(16.8)
Education 9-11	11.9	7.34	9.29	5.26
	(18.3)	(11.0)	(14.3)	(12.4)
Education 12	20.9	31.7***	17.4	21.3
	(18.4)	(12.0)	(14.7)	(13.0)
Education 13+	38.9*	57.8***	32.1*	50.1***
	(20.6)	(18.0)	(16.7)	(15.5)

Table G.3 Continued

Variable	Regression coefficients			
	AUL	CET	OIC	WOW
Welfare	-26.8***	-21.3**	-34.9***	-24.3***
	(7.88)	(9.60)	(12.1)	(7.52)
Children 0-2	-13.1**	5.55	-4.79	-7.14
	(6.22)	(8.07)	(6.76)	(6.65)
Children 3-5	3.16	-9.47	-1.60	-11.4*
	(5.90)	(6.63)	(6.17)	(5.86)
Children 6-12	-0.329	9.61	23.0**	-4.45
	(7.54)	(9.00)	(9.22)	(7.07)
Children 13-17	-4.65	12.2	19.7	-12.4
	(9.67)	(11.8)	(12.2)	(9.37)
Adults	11.8***	5.35	-6.33	0.882
	(4.08)	(3.80)	(6.66)	(2.65)
Percent yrs worked	31.7**	54.9***	40.6***	34.3***
	(13.3)	(14.7)	(15.3)	(11.9)
Weeks worked	1.25***	1.27***	0.936***	0.765***
	(0.222)	(0.262)	(0.284)	(0.199)
Others' income/1000	-0.0957	0.453	0.752	0.286
	(0.600)	(0.515)	(0.914)	(0.280)
Intercept	36.9	-6.36	16.2	51.2
	(89.4)	(27.3)	(25.9)	(31.2)
Number of Observations	693	790	534	1,226
R^2	0.213	0.205	0.187	0.130

NOTE: This table presents ordinary least squares estimates. The dependent variable is the average weekly earnings in the fourth quarter after random assignment. Independent variables are defined in Table E.1. Standard errors are in parentheses. N.A. indicates that the variable was excluded from the regression.

Coefficients and standard errors were multiplied by 4.3 to obtain monthly estimates reported in Table 4.1.

*/**/***The coefficient is significantly different from zero at the 90/95/99 percent levels of confidence.

Table G.4 Regression results for the probability of receiving public assistance

	Regression coefficients			
Variable	**AUL**	**CET**	**OIC**	**WOW**
Status	0.0237	-0.00523	0.0174	0.0789***
	(0.0328)	(0.0306)	(0.0350)	(0.0258)
Q2	0.149	0.146	0.0311	0.0856
	(0.114)	(0.106)	(0.0790)	(0.0929)
Q3	0.0193	0.142	0.111	0.127
	(0.108)	(0.103)	(0.0740)	(0.123)
Q4	0.212*	0.0664	0.0782	0.0367
	(0.112)	(0.104)	(0.0739)	(0.0936)
Q5	0.147	0.154	0.0963	0.0609
	(0.116)	(0.0994)	(0.0916)	(0.0920)
Q6	0.146	0.106	0.0487	0.0226
	(0.107)	(0.0997)	(0.0783)	(0.0950)
Q7	0.186*	0.182*	-0.0619	0.0618
	(0.107)	(0.103)	(0.0863)	(0.0959)
Q8	0.208**	0.162	-0.0277	0.0604
	(0.102)	(0.110)	(0.0818)	(0.0979)
Q9	0.293***	0.0648	-0.0702	-0.0273
	(0.105)	(0.114)	(0.105)	(0.0980)
Q10	0.167	0.0824	-0.0585	0.0692
	(0.110)	(0.106)	(0.0923)	(0.105)
Q11	0.237**	0.0915	0.169*	-0.167
	(0.117)	(0.110)	(0.0980)	(0.119)
Q12	0.300**	0.0124	-0.0764	N.A.
	(0.118)	(0.120)	(0.0757)	
Q13	0.336***	0.0752	0.0156	0.0171
	(0.119)	(0.0943)	(0.0963)	(0.0993)
Missing 10	0.729	N.A.	-0.865**	-0.168
	(0.597)		(0.372)	(0.505)
Missing 11	-0.206	N.A.	N.A.	-0.569**
	(0.423)			(0.240)
Missing 12	0.0841	-0.0900	-0.0213	0.264***
	(0.0666)	(0.299)	(0.0671)	(0.0945)
Age 27-34	0.0267	-0.0141	0.0415	0.0372
	(0.0442)	(0.0448)	(0.0484)	(0.0347)
Age 35+	-0.0700	-0.0632	-0.00407	-0.0103
	(0.0606)	(0.0553)	(0.0652)	(0.0482)
Black	N.A.	0.0335	-0.000882	N.A.
		(0.0472)	(0.0368)	
Citizen	0.260	0.0448	-0.0613	0.0847
	(0.423)	(0.0414)	(0.0499)	(0.0703)
Education 9-11	0.177*	-0.0517	0.00992	-0.0547
	(0.0929)	(0.0448)	(0.0638)	(0.0546)
Education 12	0.122	-0.0861*	-0.0285	-0.149***
	(0.0932)	(0.0490)	(0.0659)	(0.0572)
Education 13+	0.0947	-0.157**	-0.0271	-0.264***
	(0.104)	(0.0722)	(0.0755)	(0.0674)

Table G.4 Continued

Variable	Regression coefficients			
	AUL	CET	OIC	WOW
Welfare	0.421*** (0.0387)	0.389*** (0.0394)	0.480*** (0.0550)	0.285*** (0.0319)
Children 0-2	0.0494 (0.0312)	0.0101 (0.0329)	0.0383 (0.0309)	0.0386 (0.0287)
Children 3-5	0.0454 (0.0296)	0.0563** (0.0273)	0.0229 (0.0283)	0.0569** (0.0253)
Children 6-17	0.00127 (0.0373)	0.0459 (0.0367)	-0.0508 (0.0423)	0.0381 (0.0303)
Adults	0.0327 (0.0487)	0.0417 (0.0485)	-0.0722 (0.0560)	0.00122 (0.0406)
Adolescents	-0.0141 (0.0208)	-0.0261* (0.0155)	-0.0247 (0.0305)	0.00330 (0.0113)
Percent yrs worked	-0.0169 (0.0662)	-0.189*** (0.06[illegible])	-0.143** (0.0699)	-0.111** (0.0515)
Weeks worked	-0.00301*** (0.00109)	-0.00301*** (0.00108)	-0.00214 (0.00129)	-0.00285*** (0.000845)
Others' income/1000	-0.00536* (0.00298)	0.000809 (0.00210)	0.00183 (0.00417)	-0.00351*** (0.00119)
Intercept	-0.380 (0.443)	0.304*** (0.114)	0.436 (0.118)	0.312** (0.132)
Number of Observations	681	781	525	1,210
R^2	0.321	0.305	0.298	0.212

NOTE: This table presents ordinary least squares estimates. The dependent variable is the average monthly probability of receiving AFDC or other public assistance in the fourth quarter after random assignment. Independent variables are defined in Table E.1. Standard errors are in parentheses. N.A. indicates that the variable was excluded from the regression.

*/**/***The coefficient is significantly different from zero at the 90/95/99 percent levels of confidence.

Table G.5 Regression results for monthly public assistance income

Variable	Regression coefficients			
	AUL	CET	OIC	WOW
Status	-2.03 (8.88)	-14.7 (17.8)	13.9 (16.6)	28.9*** (9.17)
Q2	34.7 (30.9)	57.2 (62.0)	3.43 (37.4)	27.0 (33.0)
Q3	10.2 (29.2)	75.8 (60.2)	31.0 (35.1)	28.5 (43.6)
Q4	55.2* (30.2)	55.0 (60.5)	88.9** (35.0)	11.9 (33.3)
Q5	44.7 (31.5)	93.6 (57.9)	60.1 (43.4)	18.0 (32.7)
Q6	38.7 (28.9)	80.4 (58.1)	114*** (37.1)	18.1 (33.7)
Q7	51.0* (29.0)	118** (59.9)	59.2 (40.9)	37.6 (34.1)
Q8	59.7** (27.7)	113* (63.9)	80.2** (38.7)	28.8 (34.8)
Q9	75.6*** (28.6)	29.7 (66.6)	43.6 (49.6)	16.3 (34.8)
Q10	51.7* (29.7)	54.0 (61.6)	5.62 (43.7)	19.9 (37.3)
Q11	73.3** (31.6)	66.3 (63.9)	172*** (46.4)	-28.3 (42.3)
Q12	105*** (32.0)	25.9 (70.0)	67.4* (35.8)	N.A.
Q13	96.2*** (32.2)	65.2 (55.0)	79.0* (45.6)	26.2 (35.3)
Missing 10	128 (162)	N.A.	-259 (176)	-194 (179)
Missing 11	-37.2 (115)	N.A.	N.A.	-142* (85.5)
Missing 12	10.1 (18.0)	-99.1 (174)	-23.3 (31.8)	78.2** (33.6)
Age 27-34	14.0 (12.0)	12.9 (26.1)	15.2 (22.9)	13.5 (12.3)
Age 35+	-12.8 (16.4)	7.84 (32.3)	-45.8 (30.9)	-7.36 (17.1)
Black	N.A.	36.4 (27.5)	-4.83 (17.4)	N.A.
Citizen	67.9 (115)	31.8 (24.1)	-18.5 (23.7)	32.5 (25.0)
Education 9-11	25.0 (25.2)	-45.7* (26.1)	-35.7 (30.2)	-34.5* (19.4)
Education 12	8.34 (25.3)	-60.2** (28.6)	-49.0 (31.2)	-66.2*** (20.3)
Education 13+	-1.78 (28.2)	-110*** (42.1)	-36.3 (35.8)	-102*** (24.0)

Table G.5 Continued

	Regression coefficients			
Variable	**AUL**	**CET**	**OIC**	**WOW**
Welfare	101*** (10.5)	204*** (23.0)	191*** (26.1)	89.8*** (11.3)
Children 0-2	33.7*** (8.45)	41.7** (19.2)	55.6*** (14.6)	48.3*** (10.2)
Children 3-5	29.5*** (8.02)	78.5*** (15.9)	54.7*** (13.4)	46.9*** (8.99)
Children 6-12	24.6** (10.1)	62.4*** (21.4)	39.8** (20.0)	49.5*** (10.8)
Children 13-17	28.0** (13.2)	44.3 (28.3)	34.2 (26.5)	51.1*** (14.4)
Adults	-5.44 (5.63)	-17.9** (9.03)	-6.69 (14.5)	-2.15 (4.01)
Percent yrs worked	-8.31 (17.9)	-158*** (35.3)	-73.0** (33.1)	-45.5** (18.3)
Weeks worked	-0.649** (0.294)	-2.44*** (0.627)	-1.11* (0.611)	-1.02*** (0.300)
Others' income/1000	-0.0013 (0.000806)	0.000399 (0.00122)	-0.000224 (0.00198)	-0.00116*** (0.000423)
Intercept	-111 (120)	128* (66.2)	85.4 (55.8)	64.9 (47.0)
Number of Observations	681	781	525	1,210
R^2	0.322	0.345	0.32	0.243

NOTE: This table presents ordinary least squares estimates. The dependent variable is average monthly public assistance income in the fourth quarter after random assignment. Independent variables are defined in Table E.1. Standard errors are in parentheses. N.A. indicates that the variable was excluded from the regression.

*/**/***The coefficient is significantly different from zero at the 90/95/99 percent levels of confidence.

Table G.6 Regression results for total monthly income

Variable	Regression coefficients			
	AUL	CET	OIC	WOW
Status	-13.4 (26.9)	144 *** (28.7)	3.94 (29.8)	13.3 (23.4)
Q2	16.1 (91.2)	-8.16 (97.6)	27.6 (65.9)	80.4 (85.2)
Q3	0.894 (86.8)	66.3 (95.1)	-32.4 (62.4)	-48.0 (112)
Q4	13.7 (91.3)	151 (95.9)	46.7 (63.1)	56.6 (86.0)
Q5	149 (94.3)	203 ** (91.6)	121 (77.7)	24.1 (84.5)
Q6	-29.9 (85.5)	107 (91.9)	141 ** (66.3)	69.0 (86.9)
Q7	-68.8 (86.1)	135 (94.8)	133* (73.1)	108 (87.9)
Q8	-29.1 (81.8)	41.2 (102)	84.7 (69.3)	156* (89.9)
Q9	30.6 (84.9)	138 (106)	138 (87.5)	189** (89.7)
Q10	70.0 (88.8)	117 (98.0)	55.2 (57.5)	25.0 (95.9)
Q11	59.5 (93.7)	207 ** (101)	190 ** (81.9)	367*** (108)
Q12	8.62 (94.7)	373 *** (111)	170 *** (63.8)	N.A.
Q13	102 (96.0)	191 ** (86.8)	118 (81.7)	188 ** (91.4)
Missing 10	-233 (156)	-45.0 (279)	-63.0 (227)	-216 (144)
Missing 11	N.A.	-3.49 (398)	N.A.	-213 (167)
Missing 12	-101 * (52.0)	-118 (178)	-51.7 (55.0)	-203 ** (80.4)
Age 27-34	-35.0 (36.1)	2.10 (41.9)	-30.8 (40.7)	46.6 (31.5)
Age 35+	-12.0 (49.3)	37.9 (52.2)	-21.8 (55.1)	85.9** (43.7)
Black	N.A.	-29.6 (43.9)	44.3 (31.0)	N.A.
Citizen	334 (347)	80.2** (39.0)	73.4* (42.3)	42.2 (64.2)
Education 9-11	65.4 (74.5)	-14.2 (42.1)	-4.06 (54.4)	-33.9 (48.1)
Education 12	90.6 (74.9)	73.9 (45.9)	35.7 (56.2)	23.2 (50.6)
Education 13+	217 ** (84.2)	153 ** (68.9)	114 * (63.9)	114 * (60.0)

Table G.6 Continued

Variable	Regression coefficients			
	AUL	CET	OIC	WOW
Welfare	-20.2 (31.8)	45.1 (36.9)	-44.1 (46.8)	-16.1 (28.9)
Children 0-2	29.6 (25.3)	95.0*** (31.0)	78.0*** (26.1)	25.7 (25.8)
Children 3-5	82.8*** (24.1)	56.0** (25.5)	104*** (23.7)	34.8 (22.8)
Children 6-12	106 *** (30.6)	164 *** (34.5)	184 *** (35.5)	63.9** (27.4)
Children 13-17	80.6** (39.7)	152 *** (45.6)	135 *** (46.8)	27.9 (36.6)
Adults	31.2* (16.7)	-11.7 (14.6)	-55.0** (25.6)	-12.4 (10.2)
Percent yrs worked	132 ** (54.1)	102 * (56.7)	104 * (59.5)	90.5* (46.4)
Weeks worked	4.30*** (0.898)	2.37** (1.01)	0.685 (1.10)	2.48*** (0.767)
Others' income/1000	-0.00158 (0.00251)	0.00250 (0.00197)	0.00368 (0.00352)	-0.000519 (0.00108)
Intercept	-97.8 (362)	173 * (105)	300 *** (99.8)	354 *** (122)
Number of Observations	680	782	533	1,201
R^2	0.157	0.151	0.181	0.109

NOTE: This table presents ordinary least squares estimates. The dependent variable is average monthly income in the fourth quarter after random assignment. Independent variables are defined in Table E.1. Standard errors are in parentheses. N.A. indicates that the variable was excluded from the regression.

*/**/***The coefficient is significantly different from zero at the 90/95/99 percent levels of confidence.

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Table G.7 Regression results for the probability of being in training

Variable	Regression coefficients			
	AUL	CET	OIC	WOW
Status	0.0910*** (0.0301)	0.0804*** (0.0266)	0.168*** (0.0389)	0.0557*** (0.0213)
Q2	0.000661 (0.115)	0.0515 (0.0923)	0.00769 (0.0868)	-0.0467 (0.0753)
Q3	-0.0875 (0.109)	-0.0216 (0.0896)	0.00743 (0.0843)	0.0567 (0.0978)
Q4	-0.143 (0.111)	-0.114 (0.0905)	-0.0275 (0.0823)	-0.0403 (0.0760)
Q5	-0.104 (0.115)	-0.106 (0.0865)	-0.0880 (0.102)	0.0355 (0.0746)
Q6	0.0478 (0.108)	-0.0816 (0.0870)	-0.0841 (0.0870)	-0.0265 (0.0773)
Q7	0.0159 (0.108)	-0.00814 (0.0897)	-0.107 (0.0949)	0.0224 (0.0780)
Q8	-0.0491 (0.104)	-0.145 (0.0956)	-0.00513 (0.0896)	0.0290 (0.0802)
Q9	-0.0696 (0.107)	-0.146 (0.0993)	-0.190* (0.115)	-0.0989 (0.0797)
Q10	-0.160 (0.111)	-0.0524 (0.0920)	-0.157 (0.102)	-0.0272 (0.0862)
Q11	-0.0167 (0.117)	-0.0980 (0.0961)	0.200* (0.109)	-0.0443 (0.0977)
Q12	-0.0644 (0.117)	-0.124 (0.105)	-0.0573 (0.0836)	N.A.
Q13	-0.113 (0.119)	-0.156* (0.0824)	-0.0256 (0.110)	-0.131 (0.0812)
Missing 10	0.876** (0.391)	0.578 (0.369)	N.A.	0.890** (0.369)
Missing 11	N.A.	N.A.	N.A.	-0.284 (0.271)
Missing 12	0.118* (0.0622)	0.826*** (0.261)	0.0806 (0.0717)	0.0864 (0.0797)
Age 27-34	-0.00318 (0.0413)	0.0480 (0.0393)	0.0690 (0.0537)	0.00416 (0.0288)
Age 35+	-0.0679 (0.0551)	0.00164 (0.0484)	0.0532 (0.0738)	0.0377 (0.0396)
Black	N.A.	-0.0403 (0.0409)	0.0265 (0.0411)	N.A.
Citizen	0.175 (0.392)	-0.0162 (0.0361)	-0.103* (0.0559)	0.0277 (0.0609)
Education 9-11	-0.209** (0.0862)	0.00192 (0.0391)	-0.0841 (0.0715)	0.0756* (0.0436)
Education 12	-0.188** (0.0865)	0.0300 (0.0430)	-0.0907 (0.0741)	0.0758* (0.0457)
Education 13+	-0.169* (0.0958)	-0.0362 (0.0630)	-0.00149 (0.0852)	0.151*** (0.0542)

Table G.7 Continued

Variable	Regression coefficients			
	AUL	CET	OIC	WOW
Welfare	0.0357 (0.0359)	0.0223 (0.0341)	-0.0515 (0.0615)	0.0263 (0.0264)
Children 0-2	0.0250 (0.0283)	0.0167 (0.0289)	-0.0183 (0.0346)	0.0669*** (0.0235)
Children 3-5	0.0291 (0.0275)	-0.00901 (0.0237)	0.00220 (0.0313)	0.00279 (0.0206)
Children 6-12	-0.0119 (0.0345)	-0.0273 (0.0321)	0.00417 (0.0470)	0.00704 (0.0249)
Children 13-17	0.0116 (0.0443)	-0.0659 (0.0422)	-0.0144 (0.0626)	0.00160 (0.0330)
Adults	-0.0169 (0.0187)	-0.00669 (0.0136)	-0.0260 (0.0339)	0.00452 (0.00937)
Percent yrs worked	0.0690 (0.0612)	-0.0324 (0.0523)	-0.0771 (0.0783)	-0.0238 (0.0423)
Weeks worked	-0.00129 (0.00100)	-0.000216 (0.000925)	-0.00246* (0.00145)	0.0000547 (0.000692)
Others' income/1000	-0.00130 (0.00000)	0.00102 (0.00000)	-0.00107 (0.00000)	-0.000268 (0.00000)
Intercept	0.176 (0.413)	0.252** (0.0988)	0.396*** (0.131)	0.0213 (0.109)
Number of Observations	686	784	520	1,218
R^2	0.0809	0.0770	0.117	0.0465

NOTE: This table presents ordinary least squares estimates. The dependent variable is the average monthly probability of being in training in the fourth quarter after random assignment. Independent variables are defined in Table E.1. Standard errors are in parentheses. N.A. indicates that the variable was excluded from the regression.

*/**/***The coefficient is significantly different from zero at the 90/95/99 percent levels of confidence.

Table G.8 Regression results for the probability of working or being in training

Variable	Regression coefficients			
	AUL	CET	OIC	WOW
Status	0.0747** (0.0349)	0.117*** (0.0314)	0.143*** (0.0428)	0.0452* (0.0263)
Q2	-0.0168 (0.125)	0.0430 (0.108)	0.00800 (0.0954)	-0.0335 (0.0916)
Q3	-0.0838 (0.118)	-0.0510 (0.106)	-0.00679 (0.0920)	-0.124 (0.120)
Q4	-0.192 (0.121)	0.0279 (0.107)	-0.0769 (0.0907)	-0.00224 (0.0924)
Q5	-0.0294 (0.126)	-0.0140 (0.102)	-0.0299 (0.112)	-0.0696 (0.0907)
Q6	-0.0241 (0.117)	-0.00806 (0.103)	-0.133 (0.0959)	-0.0337 (0.0940)
Q7	-0.0714 (0.118)	0.119 (0.106)	-0.0506 (0.105)	0.0223 (0.0948)
Q8	-0.146 (0.112)	-0.170 (0.113)	0.0465 (0.0988)	0.0246 (0.0976)
Q9	-0.171 (0.116)	-0.0963 (0.117)	-0.00240 (0.127)	-0.0577 (0.0970)
Q10	-0.149 (0.121)	-0.0148 (0.109)	-0.0316 (0.112)	-0.0714 (0.105)
Q11	-0.0332 (0.127)	0.0167 (0.113)	0.110 (0.120)	0.182 (0.119)
Q12	-0.135 (0.129)	0.160 (0.124)	0.0282 (0.0928)	N.A.
Q13	-0.201 (0.131)	0.0428 (0.0973)	-0.0314 (0.118)	-0.105 (0.0985)
Missing 10	0.339 (0.273)	0.586 (0.432)	0.0961 (0.329)	0.496** (0.226)
Missing 11	0.0902 (0.305)	-0.470 (0.614)	N.A.	0.121 (0.238)
Missing 12	-0.0322 (0.0704)	0.564*** (0.218)	0.0588 (0.0803)	-0.175* (0.0951)
Age 27-34	-0.105** (0.0478)	0.0224 (0.0459)	-0.0206 (0.0591)	0.0163 (0.0354)
Age 35+	-0.104 (0.0637)	-0.0397 (0.0571)	0.00910 (0.0808)	0.0830* (0.0487)
Black	N.A.	-0.112** (0.0482)	0.00971 (0.0452)	N.A.
Citizen	-0.444 (0.457)	-0.0241 (0.0425)	0.00270 (0.0616)	-0.119 (0.0743)
Education 9-11	-0.0738 (0.0981)	0.0286 (0.0461)	0.0145 (0.0789)	0.0530 (0.0539)
Education 12	-0.0214 (0.0987)	0.112** (0.0504)	0.0193 (0.0817)	0.112** (0.0565)
Education 13+	-0.0273 (0.110)	0.170** (0.0738)	0.169* (0.0937)	0.190*** (0.0669)

Table G.8 Continued

Variable	Regression coefficients AUL	 CET	 OIC	 WOW
Welfare	-0.0853**	-0.128***	-0.141**	-0.0506
	(0.0416)	(0.0401)	(0.0677)	(0.0326)
Children 0-2	-0.0392	0.0379	-0.0908**	0.0246
	(0.0330)	(0.0340)	(0.0380)	(0.0290)
Children 3-5	0.0227	-0.0434	-0.0110	-0.0341
	(0.0318)	(0.0279)	(0.0344)	(0.0253)
Children 6-12	0.0248	0.0182	0.109**	-0.0418
	(0.0401)	(0.0377)	(0.0516)	(0.0307)
Children 13-17	0.00531	-0.000733	0.0538	-0.0487
	(0.0513)	(0.0497)	(0.0683)	(0.0406)
Adults	0.0377*	0.0110	-0.0193	0.0102
	(0.0218)	(0.0160)	(0.0372)	(0.0115)
Percent yrs worked	0.186***	0.153**	0.0786	0.0680
	(0.0711)	(0.0618)	(0.0859)	(0.0520)
Weeks worked	0.00327***	0.00441***	0.00309*	0.00342***
	(0.00116)	(0.00110)	(0.00159)	(0.000860)
Others' income/1000	-0.00238	0.000972	0.00306	0.00148
	(0.00322)	(0.00219)	(0.00510)	(0.00125)
Intercept	1.09**	0.407***	0.456***	0.553***
	(0.478)	(0.117)	(0.144)	(0.133)
Number of Observations	693	791	526	1,221
R^2	0.113	0.177	0.166	0.088

NOTE: This table presents ordinary least squares estimates. The dependent variable is the average monthly probability of working or being in training in the fourth quarter after random assignment. Independent variables are defined in Table E.1. Standard errors are in parentheses. N.A. indicates that the variable was excluded from the regression.

*/**/***The coefficient is significantly different from zero at the 90/95/99 percent levels of confidence.

Table G.9 Probit analysis of the probability of working in the fourth quarter

	AUL		CET	
Variable	Coefficient	Partial Derivative	Coefficient	Partial Derivative
Intercept	2.56 (3.05)	1.02	-1.01*** (0.363)	-0.404
Status	-0.0783 (0.104)	-0.0312	0.384*** (0.0994)	0.153
Q2	0.0121 (0.354)	0.00483	0.251 (0.334)	0.100
Q3	-0.00360 (0.334)	-0.00144	0.0506 (0.327)	0.0202
Q4	-0.349 (0.344)	-0.139	0.532 (0.329)	0.212
Q5	0.0807 (0.363)	0.0322	0.450 (0.315)	0.180
Q6	-0.322 (0.334)	-0.128	0.483 (0.317)	0.193
Q7	-0.198 (0.334)	-0.0791	0.597* (0.325)	0.238
Q8	-0.389 (0.319)	-0.155	0.0872 (0.353)	0.0348
Q9	-0.429 (0.331)	-0.171	0.530 (0.365)	0.211
Q10	-0.314 (0.342)	-0.125	0.405 (0.337)	0.161
Q11	-0.463 (0.342)	-0.185	0.533 (0.347)	0.213
Q12	-0.489 (0.352)	-0.195	0.970** (0.387)	0.387
Q13	-0.432 (0.377)	-0.172	0.756** (0.300)	0.302
Age 27-34	-0.487*** (0.142)	-0.194	0.0103 (0.144)	0.00410
Age 35+	-0.301 (0.187)	-0.120	-0.224 (0.180)	-0.0894
Education 9-11	0.0503 (0.289)	0.0201	0.0940 (0.148)	0.0375
Education 12	0.0992 (0.290)	0.0396	0.196 (0.161)	0.0782
Education 13+	-0.0261 (0.326)	-0.0104	0.598** (0.238)	0.239
Black	N.A.	N.A.	-0.264* (0.149)	-0.105
Welfare	-0.354*** (0.122)	-0.141	-0.488*** (0.126)	-0.195
Children 0-2	-0.264*** (0.101)	-0.105	0.0420 (0.108)	0.0168
Children 3-5	0.0862 (0.0927)	0.0344	-0.130 (0.0885)	-0.0517

OIC		WOW	
Coefficient	**Partial Derivative**	**Coefficient**	**Partial Derivative**
-1.06** (0.439)	-0.386	-0.224 (0.377)	-0.0893
-0.00621 (0.130)	-0.00226	0.0248 (0.0745)	0.00989
0.171 (0.286)	0.0625	0.129 (0.259)	0.0514
-0.0934 (0.277)	-0.0341	0.0326 (0.341)	0.0130
-0.0622 (0.279)	-0.0227	0.313 (0.263)	0.125
0.302 (0.337)	0.110	0.0233 (0.257)	0.00930
-0.112 (0.295)	-0.0408	0.180 (0.266)	0.0719
0.0242 (0.325)	0.00883	0.0802 (0.267)	0.0320
0.0433 (0.298)	0.0158	0.0983 (0.275)	0.0392
0.414 (0.374)	0.151	0.396 (0.276)	0.158
0.242 (0.340)	0.0881	0.00689 (0.299)	0.00275
0.0232 (0.344)	0.00845	0.350 (0.320)	0.140
0.0769 (0.265)	0.0280	N.A.	N.A.
-0.177 (0.368)	-0.0644	0.263 (0.280)	0.105
-0.178 (0.178)	-0.0648	0.0643 (0.0997)	0.0256
-0.0755 (0.238)	-0.0275	0.234* (0.138)	0.0934
0.265 (0.243)	0.0966	0.00227 (0.153)	0.000905
0.188 (0.252)	0.0684	0.147 (0.161)	0.0585
0.393 (0.284)	0.143	0.318* (0.191)	0.127
0.0311 (0.136)	0.0113	N.A.	N.A.
-0.316 (0.196)	-0.115	-0.141 (0.0918)	-0.0564
-0.200* (0.121)	-0.0729	-0.0506 (0.0820)	-0.0202
-0.0511 (0.105)	-0.0186	-0.139* (0.0723)	-0.0555

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Table G.9 Continued

	AUL		CET	
Variable	Coefficient	Partial Derivative	Coefficient	Partial Derivative
Children 6-12	0.0661 (0.121)	0.0264	-0.00266 (0.120)	-0.00106
Children 13-17	0.0395 (0.152)	0.0157	0.131 (0.159)	0.0521
Adults	0.189*** (0.0673)	0.0755	0.0548 (0.0507)	0.0218
Weeks worked	0.0176*** (0.00350)	0.00700	0.0163*** (0.00347)	0.00652
Others' income/1000	-0.000520 (0.00994)	-0.000207	0.00577 (0.00680)	0.00230
Percent years worked	0.516** (0.211)	0.206	0.620*** (0.193)	0.247
Citizen	-2.40 (3.03)	-0.958	0.0938 (0.138)	0.0374
Number of Observations	706		796	
-2 x Log-likelihood	137.9		180.5	

NOTE: Coefficients are maximum likelihood estimates. The dependent variable = 1 if the sample member ever worked in the fourth quarter, 0 otherwise. Independent variables are defined in Table E.1. The partial derivative is the predicted effect of a one unit change in the independent variable on the probability of working. The partial derivative with respect to the STATUS variable is an estimate of the net impact. N.A. indicates that the variable was excluded from the regression.

*/**/*** The coefficient is significantly different from zero at the 90/95/99 percent levels of confidence.

OIC		WOW	
Coefficient	Partial Derivative	Coefficient	Partial Derivative
0.399*** (0.155)	0.145	-0.109 (0.0870)	-0.0434
0.165 (0.200)	0.0602	-0.294** (0.117)	-0.117
0.160 (0.109)	0.0584	0.0705** (0.0327)	0.0281
0.0158*** (0.00458)	0.00577	0.0114*** (0.00247)	0.00454
-0.00598 (0.0152)	-0.00218	0.00128 (0.00346)	0.000510
0.501** (0.254)	0.183	0.211 (0.147)	0.0843
0.329* (0.192)	0.120	-0.184 (0.206)	-0.0736
536		1,248	
78.4		107.7	

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Table G.10 Selection-bias-corrected regressions for average hourly wage

	Regression coefficients			
Variable	AUL	CET	OIC	WOW
Intercept	4.23** (1.671)	1.85 (1.125)	3.30*** (1.098)	3.32*** (0.951)
Status	0.133 (0.177)	0.721*** (0.210)	0.244 (0.223)	0.110 (0.143)
Q2	-0.816 (0.529)	0.290 (0.727)	0.561 (0.472)	-0.100 (0.523)
Q3	-0.948* (0.498)	0.478 (0.696)	-0.395 (0.493)	-0.357 (0.690)
Q4	-0.433 (0.527)	0.888 (0.713)	0.562 (0.471)	-0.0717 (0.537)
Q5	-0.299 (0.544)	0.797 (0.690)	0.213 (0.536)	0.0450 (0.518)
Q6	-0.196 (0.513)	0.723 (0.700)	0.538 (0.521)	0.0580 (0.534)
Q7	-0.146 (0.503)	0.123 (0.714)	1.00 (0.543)*	0.0857 (0.538)
Q8	-0.520 (0.495)	0.625 (0.736)	1.07 (0.489)**	0.329 (0.552)
Q9	-0.240 (0.530)	1.49** (0.740)	1.40** (0.588)	0.583 (0.554)
Q10	-0.301 (0.525)	0.927 (0.711)	0.911 (0.560)	-0.239 (0.598)
Q11	-0.258 (0.547)	1.02 (0.739)	1.82*** (0.575)	0.554 (0.614)
Q12	-0.458 (0.571)	1.78** (0.806)	1.39*** (0.454)	N.A.
Q13	0.405 (0.610)	1.06 (0.702)	1.86*** (0.666)	0.698 (0.565)
Age 27-34	0.225 (0.234)	0.243 (0.199)	0.245 (0.243)	0.355** (0.163)
Age 35+	0.174 (0.231)	0.736*** (0.217)	0.193 (0.292)	0.582*** (0.198)
Education 9-11	0.247 (0.552)	0.559** (0.248)	0.110 (0.455)	0.190 (0.321)
Education 12	0.393 (0.551)	0.997 (0.253)	0.859* (0.460)	0.654* (0.340)
Education 13+	1.00* (0.589)	1.42*** (0.421)	0.946* (0.511)	1.26*** (0.397)
Black	N.A.	-0.157 (0.296)	-0.110 (0.235)	N.A.
Weeks worked	0.00494 (0.00757)	0.0135* (0.00789)	0.00611 (0.00902)	0.00442 (0.00602)
Percent years worked	0.415 (0.402)	1.31*** (0.391)	0.429 (0.475)	1.10*** (0.303)
Citizen	0.219 (1.632)	0.561** (0.225)	-0.151 (0.317)	0.251 (0.362)

Table G.10 Continued

	Regression coefficients			
	AUL	CET	OIC	WOW
Lambda	-0.104 (0.508)	0.795 (0.539)	0.337 (0.589)	0.370 (0.632)
Number of Observations	326	382	185	590

NOTE: This table presents ordinary least squares estimates. Only persons who worked in the fourth quarter after random assignment are included in the sample. Standard errors (not adjusted) are in parentheses. The dependent variable is the average hourly wage in the fourth quarter after random assignment. The value of LAMBDA is derived from the probit estimates reported in Table G.9. Independent variables are defined in Table E.1. N.A. indicates that the variable was excluded from the regression.

*/**/***The coefficient is significantly different from zero at the 90/95/99 percent levels of confidence.

Appendix H
Comparison of net impact estimates derived from pooled and unpooled models

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Table H.1 Comparison of net impact estimates derived from pooled and unpooled models

	AUL	CET	OIC	WOW	TOTAL
Probability of Working					
Not pooled	-.00703	.0989***	.000924	-.00862	.0206
	(.0331)	(.0303)	(.0396)	(.0259)	(.0156)
Pooled	-.00202	.0950***	.0175	-.0156	.0195
	(.0332)	(.0312)	(.0406)	(.0248)	(.0156)
Monthly Hours					
Not pooled	-2.73	16.6***	1.62	-4.40	2.02
	(5.23)	(5.04)	(5.91)	(4.30)	(2.52)
Pooled	-2.55	17.4***	2.66	-4.41	2.42
	(5.59)	(5.15)	(6.68)	(4.16)	(2.59)
Monthly Earnings					
Not pooled	-1.27	133***	8.25	-18.3	26.9*
	(28.4)	(32.1)	(33.1)	(26.1)	(15.0)
Pooled	3.94	136***	15.2	-17.8	29.5*
	(33.1)	(30.5)	(39.6)	(24.6)	(15.4)
Probability of Receiving Public Assistance					
Not pooled	.0237	-.00523	.0174	.0789***	.0367**
	(.0328)	(.0306)	(.0350)	(.0258)	(.0153)
Pooled	.0137	-.00534	.0124	.0806***	.0343**
	(.0336)	(.0309)	(.0402)	(.0250)	(.0156)
Public Assistance Income					
Not pooled	-2.03	-14.7	13.9	28.9***	9.19
	(8.88)	(17.8)	(16.6)	(9.17)	(6.46)
Pooled	-3.19	-18.0	9.58	31.2***	8.35
	(14.6)	(13.4)	(17.4)	(10.8)	(6.75)
Total Income					
Not pooled	-13.4	144***	3.94	13.3	37.7***
	(26.9)	(28.7)	(29.8)	(23.4)	(13.6)
Pooled	6.07	139***	15.1	10.5	41.5***
	(29.9)	(27.5)	(35.7)	(22.2)	(13.8)
Probability of Being in Training					
Not pooled	.0910***	.0804***	.168***	.0557***	.0876***
	(.0301)	(.0266)	(.0389)	(.0213)	(.0138)
Pooled	.105***	.0846***	.175***	.0546***	.0923***
	(.0304)	(.0280)	(.0364)	(.0226)	(.0141)

Table H.1 Continued

	AUL	CET	OIC	WOW	TOTAL
Probability of Working or Training					
Not pooled	.0747**	.117***	.143***	.0452*	.0848***
	(.0349)	(.0314)	(.0428)	(.0263)	(.0162)
Pooled	.0641*	.120***	.151***	.0445*	.0844***
	(.0357)	(.0329)	(.0427)	(.0265)	(.0166)

NOTE: Estimates marked "not pooled" are from separate regressions for each site, and are identical to those reported in Table 4.1. Estimates marked "pooled" are from a model which constrains the effects of the control variables to be the same at all four sites, but allows the net impacts and the intercepts to differ. For both models, estimates in the "total" column represent weighted averages of site-specific impact estimates. Standard errors are in parentheses.

*/**/*** The net impact is significantly different from zero at the 90/95/99 percent levels of confidence in a two-tailed test.

Table H.2 The impacts of the MFSP demonstration on selected economic outcomes: estimates for the total sample

	Control	Treatment	Impact
Employment and Earnings			
Average monthly percent working	39.5	41.6	2.1
Average monthly hours	55.8	57.8	2.0
Average monthly earnings	$295	$322	$27*
Average hourly wage[a]	$5.19	$5.48	$.29***
Public Assistance and Total Income			
Average monthly percent receiving public assistance	54.5	58.2	3.7**
Average monthly public assistance income	$209	$218	$9
Average monthly income	$626	$664	$38 **
Training			
Average monthly percent in training	15.2	24.0	8.8***
Average monthly percent working or in training	50.8	59.3	8.5***
Number of Observations	1,384	1,968	

SOURCE: Baseline and twelve-month follow-up interviews with MFSP program applicants.

NOTE: Estimates for the total sample are weighted averages of the site estimates presented in Table 4.1. A complete list of control variables can be found in Table E.1. All estimates include individuals who were working (in training, receiving public assistance), as well as individuals who were not working (not in training, not receiving public assistance).

[a] Impacts on average hourly wages have been corrected for selection bias due to the fact we observe only the wages of workers, using Heckman's two-stage estimation procedure. Standard errors have not been corrected. See the section on estimating impacts on hourly wages in Appendix E, pages 212–213, for discussion.

*/**/*** The hypothesis of no impact is rejected at the 90/95/99 percent confidence levels (that is, the impact differs statistically from zero).

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Lessons from research funded by
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Equal Opportunity Program
1133 Avenue of the Americas
New York, New York 10036

C06 03 90 2500